



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

Out-of-City Massage License Requirements

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

(760) 955-5072
Fax (760) 269-0046
businesslicense@
victorvilleca.gov

REQUIRED ITEMS:

- BUSINESS LICENSE:** Anyone conducting business within the Victorville city limits must obtain a business license. Please complete the attached application.
- STATE LICENSE:** You must hold a valid State License for all masseuses employed by your business, as well as an Establishment License. A copy of these documents must be provided with your application. For more information, contact the State of California Massage Therapy Council at (916) 669-5336 or at <http://www.camtc.org/>.
- MASSEUSE LIST:** Please provide the name(s) of all State licensed masseuses employed by the business.
- TOTAL FEES DUE:** \$140.24. Only accept cash, check or money order (payable to the City of Victorville); either in-person or via mail.

IMPORTANT INFORMATION:

- Incomplete applications will **not** be accepted. Fees must be received at the time of application submission.
- The City only accepts cash, check or money orders (payable to the City of Victorville), either in-person or via mail; **no exceptions.**
- It does take some time to process the business license application; therefore, you may submit the application while you are in the process of obtaining the applicable documents required. Required documents can be emailed, faxed, mailed or submitted in person.
- If any of the requirements have not been met, notification will be sent out via mail of the remaining requirements to be met.

City of Victorville, Development Department, Business License Division: 14343 Civic Drive, Victorville, CA 92392
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Out-of-City Business License Application, Page 1 of 2

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This application must be completed in its entirety to be accepted / processed by the Development Department.

Select all that apply:

- New Application/Business Change of Owner Change of Ownership Type
- Change of Business Name Change of Business Address Change of Business Type / Activity /Use

General Business Information

Business Name (if DBA, use DBA): _____

Business Owner (if corporation, use corporate name): _____

Business Address including Suite #: _____
Street Address w/Suite # City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Phone No.: (____) _____ Fax No.: (____) _____ Email: _____

Principal Owners, Officers, Partners, Contact Person (attached additional pages if necessary):

Name	Title	Phone Number

Fees

Please note that the fees must be paid when the application is submitted.
Fees pay all regulatory fees associated with processing the Business License.
All payment types accepted in person. Check or money order accepted by mail.

By signing below, I understand that this is an application ONLY and does NOT give the right to conduct business until Business License have been approved and ISSUED.

Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY

Date Rec'd:	Rec'd By:	Comments:
VMC:	NAICS:	
Total Fees Due:	OCC - HOP - N/A (circle one)	
<input checked="" type="checkbox"/> Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> #:	Total Amount Rec'd: \$	
BSL#:		Planner:



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Business License Application, Page 2 of 2

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Business Operations Information

Business Type: Retail Service / Delivery Administrative Manufacturing Professional Contractor
 Entertainment / Amusement Vehicle for Hire Solicitor/Peddler Massage Exempt

Business Description - describe business activity **IN DETAIL**, to include the following: type of business, how the business is to be conducted, type of structure (single family residence, apartment, etc.); type of items, merchandise, equipment, materials and processes used; if a storage area required and where it is located; any other information which you believe will help the Development Department understand the nature of your occupation:

Date you would like to begin in Victorville: _____ If it's a temporary event, date range: _____

Total # of Owners / Employees: _____ Of those employees, # of Professionals: _____ Total # of Business Vehicles: _____

Ownership Type: Sole Proprietor (Individual) Partnership (2 or more owners) Corporation LLC Trust

Please provide at least one of the following:

Federal ID #: _____ State ID #: _____ Social Security #: _____ Sellers Permit #: _____

Contractors: Classification: _____ State ID #: _____ Expiration Date (must be active): _____

Notice: Business Licenses are due prior to commencing operation. Business Licenses are annual and expire one (1) year from the month of issuance on the last day of the month, or as stated in the Victorville Municipal Code. Issuance of the Business License in no way releases the issuee from compliance with any provision of Federal, State, County and City statutes, ordinances, rules, regulations or other law, including and without limitation to zoning, building and health and safety laws. This application will be circulated to relevant Federal, State, County, City Agencies and Departments for reviews, inspections and law enforcement purposes. It shall be the responsibility of the licensee to notify the Business License Division of any changes, updates to, and/or to cancel the Business License. Failure to comply may result in penalty fees, the Business License being suspended and/or revoked.

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct, that I have read the above, and understand all the conditions as stated therein.

Signature: _____ Title: _____ Date: _____



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Masseuse List

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Provide the information below for each Masseuse intended to operate in this business.

This form is to be filled out/signed by the Business Owner Only.

Business Name: _____

Business Owner: _____

Current Masseuses:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Add new Masseuses:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Remove Masseuses:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Vehicles (if applicable):

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct.

Business Owner Signature

Print Name

Date