



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ **Business License** ♦ Animal Control

Film Business License Requirements

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

BUSINESS REQUIREMENTS (all applicable documents to be COMPLETED are enclosed):

- BUSINESS LICENSE (BSL) APPLICATION – ENCLOSED:** Anyone conducting business within Victorville city limits **must** obtain a business license. Once all approvals and required documents have been received, your business license will be issued.
- FIRE DEPARTMENT APPLICATION FOR TEMPORARY SPECIAL EVENT:** This application must be completed and returned with the Business License application. There are additional fees associated with this application.
- DEPARTMENT APPROVALS:** Prior to the Business License being issued, we will require department approvals. If there will be any requirements, these departments will contact you directly.
- FILM BUSINESS LICENSE FEES DUE:** \$276.48 (this amount will be determined by location and requirements). A “Total Amount Due” will be provided to you once the application has been received that will include the Film Business License fees, the Fire Department Permit fee and any additional fees listed below that apply.

OTHER REQUIREMENTS IF APPLICABLE (provide a COPY of applicable documents):

- INSURANCE:** The enclosed Insurance Requirements Form describes the necessary minimum insurance for filming in City limits. Please provide proof of insurance.
- FICTITIOUS BUSINESS NAME STATEMENT (FBN) / CORPORATE STATUS:** If your business ownership type is Sole Proprietor (individual), Partnership (2 or more owners) or Trust, and your business name does not include your surnames (last names); or if your business ownership is a Limited Liability Company or Corporation, and your business name is something other than what is listed on the Articles of Incorporation, a copy of your Fictitious Business Name Statement is required (DBA - doing business as). For more information, contact the San Bernardino County Recorder’s Office at (760) 995-8065, 15900 Smoke Tree Street, Hesperia or at www.sbcounty.gov/arc/FbnInfo.aspx. If your business ownership is a Limited Liability Company or Corporation, a copy of the Articles of Incorporation is required. For more information, contact the California Secretary of State at (916) 657-5448, or at www.sos.ca.gov/business/.
- TEMPORARY USE PERMIT:** For locations on private property, a Temporary Use Permit is required, which includes additional fees. You will be notified if this is necessary.
- FACILITY USE AGREEMENT:** For locations on City property, a Facility Use Agreement is required, which includes additional fees. You will be notified if this is necessary.
- SCLA CONTRACT / AGREEMENT:** For locations at SCLA, a contract/agreement is required, which includes additional fees. You will be notified if this is necessary.

Please provide the Business License Division with as much notice as possible prior to filming as the Department approvals do take some time to obtain.

IMPORTANT INFORMATION:

- Incomplete applications will **not** be accepted. Fees must be received at the time of application submission.
- All payment types accepted in-person; check or money order accepted via mail (payable to the City of Victorville).
- It takes time to process the business license application (2 – 4 weeks minimum); therefore, you may submit the application while you are in the process of obtaining the applicable documents required. Required documents can be submitted via email, fax, mail or 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.



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Business License Application, Page 2 of 2

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

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): _____

Do you currently have a Conditional Use Permit? Y N If so, Case #: _____ Expiration Date: _____

Is your business sharing space with another business in the exact same location (same suite or unit)? Y N

If Yes, provide other business name: _____

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: _____

- If your business address is at a commercial location, complete the Certificate of Occupancy Application with the Building Division (in-person or online through the Citizen Access Portal on the City's website).
- If your business address is at a residential location, complete the Home Occupation Permit Application enclosed in this packet.
- If your business handles food/beverages, complete the Fats, Oils and Grease (FOGS) Permit Application enclosed in this packet.



San Bernardino County Fire Department

Victorville Division

14343 Civic Drive
PO Box 5001
Victorville, CA 92393-5001
(760) 955-5227
Fax (760) 269-0020
www.victorvilleca.gov

Application for Film Permit

FILM / LOCATION INFORMATION

Film Location: _____

Project Title: _____ Project Type: _____

Film Dates: _____ Film Hours: _____ No. of Days: _____ No. of Personnel: _____

Description of Activities: _____

Materials (FX or pyrotechnic) to be used (include quantity and type): _____

Special Effects Coordinator: _____ California License Number: _____

UPM: _____ Location Manager: _____

APPLICANT INFORMATION

Applicant Name: _____ Phone No.: _____

Fax No.: _____ Email: _____

COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

Street

City

State

Zip Code

Please select the applicable film type below:

FILM PERMIT			
<input type="checkbox"/> Film Permit – With Hazards	\$340.00 first hour \$204.00 each add'l hour	<input type="checkbox"/> Film Permit – General	\$88.00
		<input type="checkbox"/> Technology Fee	4.8% of the listed fees

As the sponsor's designated contact person / agent, I have reviewed and completed this application and declare under penalty of perjury under the laws of the State of California, that all statements are accurate, complete, and true.

Applicant Name: _____ Signature: _____ Date: _____

