



# City of Victorville

## Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

### Out-of-City Contractor 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:** A copy of your active Contractor's Pocket ID Card will be required. Contact the State of California Department of Consumer Affairs at 1-800-321-2752, or at [www.cslb.ca.gov](http://www.cslb.ca.gov) for more information.
- **TOTAL FEES DUE:** \$129.76. 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.



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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:

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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: \_\_\_\_\_