

	<h1>City of Victorville</h1>	14343 Civic Drive PO Box 5001 Victorville, CA 92392 (760) 955-5072 Fax (760) 269-0046 businesslicense@victorvilleca.gov
	<h2>Development Department</h2> <p>Planning ♦ Building ♦ Code Enforcement ♦ Business License</p>	
Out-of-City Vehicles for Hire License Requirements: Medicinal Cannabis Delivery		

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.
- CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY:** Once all the necessary documents for the Business License have been approved and fees paid, the applicant will be referred to the City Clerk's Office regarding the Certificate of Public Convenience and Necessity prior to issuance of the Business License.
- BUSINESS LICENSE (ONLY) FEES DUE:** \$381.28. **BSL + HOP FEES DUE:** \$433.68.

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

- POLICE DEPARTMENT:** If you are conducting business as a Vehicle(s) for Hire (including Taxi's, NEMT's), Live Scan/Fingerprinting is required and a Driver's Permit must be issued. The Police Department will contact you regarding their requirements. For specific questions relating to their approval / permit process, contact the Police Department at (760) 241-2911, 14200 Amargosa Road, Victorville.
- DRIVER/VEHICLE LIST:** Please provide the name(s) of all drivers/vehicles employed by the business.
- INSURANCE:** Please provide a copy of insurance. Attached is a copy of the insurance requirements.
- CPR CARDS:** Please provide a copy of each driver's CPR card (NEMTs only).
- 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/.
- STATE LICENSE / CERTIFICATION:** If your occupation requires you to have a State license / certification, a copy of your State License / Certification is required. For more information, contact the State of California Department of Consumer Affairs at (800) 952-5210 or at <http://www.dca.ca.gov/licensee/index.shtml>. Please be aware that your state license may be under a different State Department; contact your specific department for more information.

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.



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

Out-of-City Business License Application, Page 1 of 2

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

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

Name Title Phone Number

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:



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

Business License Application, Page 2 of 2

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

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): _____

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: _____



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

List of Drivers / Vehicles Form

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

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

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

Business Name: _____

Business Owner: _____

Current Drivers:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Add new Drivers:

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Name: _____ DOB: _____ Phone: _____

Remove Drivers:

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



City of Victorville

Development Department

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

Medicinal Cannabis Delivery Services Certificate of Public Convenience and Necessity Requirement

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

Sec. 16-7.07.040: - Certificate of public convenience and necessity

- (a) It is unlawful for any person to engage in the business of operating or causing to be operated any vehicle for hire in the City without first having obtained from the City council a certificate of public convenience and necessity.
- (b) All persons applying for such certificate shall file with the City Council a certified application containing the following information:
 - (1) Name and address of person(s) making application;
 - (2) Name of business and type of business;
 - (3) Number of vehicles proposed to be operated under the certificate;
 - (4) The make, type, year of manufacture and passenger capacity for each vehicle proposed to be operated for which a certificate will be requested;
 - (5) The description of the proposed color scheme, insignia or other distinguishable characteristics of the vehicle(s) to be used, including the type of illuminated sign to be mounted on the top of the vehicle and legend thereon;
 - (6) Any further facts which the applicant believes tend to prove that public convenience and necessity require the granting of a certificate;
 - (7) Proposed rates to be charged.

(Ord. No. 2305, § 1, 12-17-13)

Sec. 16-7.07.050: - Notice of hearing before the City Council

Within ten days, but not more than thirty days, after receipt of an application for a certificate of public convenience and necessity, the City Clerk shall set a time and date for the hearing of the application before the City Council. At least ten days prior to the hearing, the City Clerk shall give notice to the applicant, by mail, of the time and date of such hearing. Notice shall be published, at least once, in a newspaper of general circulation in the City, at least ten days prior to the hearing.

(Ord. No. 2305, § 1, 12-17-13)

Sec. 16-7.07.060: - Granting or denial of application for certificate of public convenience and necessity

No certificate of public convenience and necessity shall be granted until the City Council shall, following a public hearing, declare by resolution that the public convenience and necessity justify the proposed service and that the following conditions exist:

- (a) That the applicant is financially responsible, and that the applicant is of good moral character, or that the officers of said applicant are of good moral character;
- (b) That the applicant has complied with the provisions of all city, state and federal laws and regulations applicable to the proposed application and that applicant will comply with all requirements of this chapter, as well as all of the conditions of approval as set forth in the resolution granting the certificate of public convenience and necessity.

If the City Council concludes from its hearing that the public convenience and necessity justify the proposed service, the City Clerk shall notify the applicant of those findings.

If the City Council concludes from its hearing that the public convenience and necessity do not justify the proposed service, the City Clerk shall forthwith notify the applicant of the finding and thereafter such applicant shall not be permitted to reapply for a certificate of public convenience and necessity for one year after the finding.

(Ord. No. 2305, § 1, 12-17-13)



City of Victorville

Development Department

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

Medicinal Cannabis Acknowledgement Form

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

Business Name: _____

Business Address: _____

Business License Number for the City/County the Business is Located: _____

State of California Business License Number: _____

Business Owner:

Delivery Driver: _____

By signing below, I fully understand the following:

- *This business is located outside of the City of Victorville.*
- *This business is licensed by the City/County in which the business is located.*
- *This business is licensed by the State of California Bureau of Cannabis Control.*
- *This business is licensed by the City of Victorville for **medicinal cannabis delivery services only**.*
- *This business shall only make deliveries of medicinal cannabis to qualified patients (or their primary caregivers) possessing identification cards issued by the State Department of Health.*
- *This business shall only provide deliveries in the City of Victorville between the hours of 6am to 9pm.*
- *This businesses' delivery vehicle(s) shall not display or advertise any cannabis activity, up to and including the name of the dispensary.*
- *This business shall fully comply with the provisions of Ordinance No. 2376, and all other applicable State and local laws and regulations. Any person that violates any of the provisions of the Victorville Municipal Code, either directly or indirectly, and/or knowingly or intentionally misrepresenting to any authorized officer of the City, any material fact in procuring the license herein provided for, shall be subject to the penalty provisions in the Victorville Municipal Code, as well as subject to the revocation of their business license in accordance with Victorville Municipal Code Section 16-7.02.060. The State of California Licensing Authority will also be notified.*

I declare under penalty of perjury that I have read and fully understand the above information.

Business Owner Signature

Print Name

Date

Delivery Driver Signature

Print Name

Date

*This form must be completed for each deliver driver.



City of Victorville

Development Department

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

Medicinal Cannabis Delivery Services Insurance Requirements

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

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

13.150.040(a)(13) – Insurance Requirements for Medicinal Cannabis Delivery Services

The Applicant shall maintain General Liability, Automobile Liability and Workers' Compensation Insurance from an insurance company admitted by the Insurance Commissioner of the State of California to transact the business of insurance in the state for the following types and limits of coverage:

- (i) General Liability - \$1,000,000 Million Dollars per Occurrence, \$2,000,000 Million Dollars Aggregate.
- (ii) Automotive Liability - \$1,000,000 Million Dollars Combined Single Limit (CSL), with coverage including, but not limited to owned autos, hired or non-owned autos, covering any vehicle utilized by Applicant, subcontractor, or its officers, employees, servants, volunteers, or agents and independent contractors performing medicinal cannabis delivery services on behalf of the Applicant.
- (iii) Workers' Compensation - \$1,000,000 Million Dollars each accident. (This is the Statutory limit required by the State of California.)

The City of Victorville, its officers, officials, employees, agents or volunteers, shall be included as Additionally Insured on the General Liability and Automotive Liability policies. Coverage should also include a General Liability, Auto Liability and Workers' Compensation Waiver of Subrogation provision in favor of the City of Victorville. Each insurance policy shall be endorsed to state that coverage shall not be suspended, voided, canceled with either party, reduced in coverage or in limits, except after thirty (3) days prior written notice, by certified mail return receipt requested, has been given to the City of Victorville. In the case of non-payment, ten (10) days advanced written notice shall be given.