



# City of Victorville

## Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

### Statement of Business Cancellation Form

14343 Civic Drive  
PO Box 5001  
Victorville, CA 92392

(760) 955-5072  
Fax (760) 269-0046  
businesslicense@  
ci.victorville.ca.us

**BUSINESS NAME / LICENSE NUMBER:** \_\_\_\_\_ **BSL** \_\_\_\_\_

The following business \_\_\_\_\_  
(business name)

owned by \_\_\_\_\_, which is located at  
(business owner(s) name)

\_\_\_\_\_ Victorville,  
(business address)

California \_\_\_\_\_, (will cease / has ceased) to operate within the city limits of Victorville,  
(zip code)

California as of this date \_\_\_\_\_.  
(Date)

By signing below, I understand that the business above will not be able to operate within the City of Victorville without first obtaining a new business license from the City of Victorville. Further, I understand that any activity generated by the business above, without the proper licenses, permits or inspections shall be guilty of a misdemeanor and subject to a fine of not more than five hundred dollars, imprisonment in the County Jail for a period of not more than six months or both.

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

Name(s) (Please Print) \_\_\_\_\_  
\_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**BUSINESS LICENSE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

Business License Number: \_\_\_\_\_

Original License Printed Date: \_\_\_\_\_

Date File Updated/Initials: \_\_\_\_\_