



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 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 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