



# City of Victorville

## Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

### Vendor List 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 Vendor / Vehicle intended to operate in this business.

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

**BSL#** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Current Vendors:**

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Add new Vendor:**

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Remove Vendor:**

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Last Live Scan Date: \_\_\_\_\_ 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