



Town of Apple Valley

# Town of Apple Valley

14955 Dale Evans Parkway  
Apple Valley, CA 92307 (760) 240-7000 ext. 7707  
Hours: M-TH 7:30 am - 5:30 pm F 7:30 am - 4:30 pm Closed Alternate Fridays

OFFICIAL USE ONLY

Business License # \_\_\_\_\_

## BUSINESS LICENSE APPLICATION

Planning Approval \_\_\_\_\_ Date \_\_\_\_\_ Conditions of Approval \_\_\_\_\_

Building Approval \_\_\_\_\_ Date \_\_\_\_\_ Conditions of Approval \_\_\_\_\_

Business Name \_\_\_\_\_ Bus. Start Date \_\_\_\_\_

Corporate Name (if applicable) \_\_\_\_\_ Fictitious Name No. \_\_\_\_\_

Business Location \_\_\_\_\_ Resale No. \_\_\_\_\_  
*(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)*

\_\_\_\_\_ Federal ID No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ State ID No. \_\_\_\_\_

\_\_\_\_\_ State Lic. No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ State Lic. Type \_\_\_\_\_

Description of Business \_\_\_\_\_ Expire Date \_\_\_\_\_

Ownership  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust Email Address \_\_\_\_\_

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (Cannot be P.O. Box) \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
*(When other form of ID is not available)*

Home Phone No. \_\_\_\_\_ Cell / Pager No. \_\_\_\_\_

2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (Cannot be P.O. Box) \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
*(When other form of ID is not available)*

Home Phone No. \_\_\_\_\_ Cell / Pager No. \_\_\_\_\_

In case of emergency, please contact (PLEASE LIST ONLY THE PEOPLE WHO ARE ABLE TO RESPOND, WITH A KEY, WITHIN 30 MINUTES)

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Cell / Pager No. \_\_\_\_\_

Alarm Company, if applicable

Company Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Property Owner  Property Management, if applicable

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_



# Town of Apple Valley

## Business License Declaration

Town of Apple Valley

**Planning Review.** Individuals interested in starting a business within the Town of Apple Valley (the Town) should discuss their business/activity with a member of the Planning Division at (760) 240-7000, Extension 7200

**Certificate of Occupancy.** A Certificate of Occupancy (C of O) is required for all buildings and structures used whether being used for private use or occupied by a business in the Town of Apple Valley. Change of name, use or ownership will require a new C of O. If you have any questions, please contact the building and safety department at (760) 240-7000, Extension 7014.

**Worker's Compensation Statement.** I understand that under California law, I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees. I am required to carry workers' compensation insurance for my employees at all times. I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by worker's compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.

By signing my name below, I certify that I have read the above information and understand its contents, I acknowledge that it is the obligation, responsibility, and duty of this company applying to ensure compliance with all applicable federal, state, and local laws. I acknowledge, if it is determined by the Town that the business does not comply with all applicable federal, state and city laws, the business license may be revoked by the Town. It is also acknowledged that any false statements made on the Business License Application are grounds for denial or revocation of the business license.

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. This business license constitutes a receipt for the license fee and/or tax paid and shall have no other legal effect. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals, which have not yet been obtained.

### LICENSE TAX SCHEDULE

NOTE: All Business License fees are non-refundable (Apple Valley Municipal Code §5.02.090).

DELINQUENT FEES: The Town of Apple Valley Municipal Code §5.02.150 requires a penalty for late renewal of 25% of the renewal fee, assessed on the first day of each month after the license expires, to a maximum of three (3) times the renewal fee.

To calculate fee due, please add together the total number of all Owners and the total number of all Employees, using schedule below, and enter the totals in the boxes below and sign.

Combine 01-05 Owners and Employees	=	\$ 54.00	No. of Owners	_____
Combine 06-10 Owners and Employees	=	\$ 79.00		
Combine 11-15 Owners and Employees	=	\$ 104.00	No. of Employees	_____
Combine 16-20 Owners and Employees	=	\$ 154.00		
Combine 21 + Owners and Employees	=	\$ 204.00	Total	_____

Enter & add together the total number of all owners and employees, then use the schedule provided above to calculate the fee due.

Massage Therapy (1 licensed individual)	\$ 119.82	Total of Tax Due	_____
Must possess ABMP (certified) or NCTMB certification			

It is acknowledged by the undersigned that if it is determined by the Town that the business does not comply with all applicable federal, state and local laws, the business license may be revoked by the Town. It is also acknowledged that any false statements made on the Business License Application are grounds for denial or revocation of the business license. I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. This business license constitutes a receipt for the license fee and/or tax paid and shall have no other legal effect. Neither the payment of fees and/or taxes nor the possession of the business license permits or allows doing any act which would not be otherwise allowed by other code provisions or statutes. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals which have not yet been obtained.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

MAKE CHECK PAYABLE TO THE TOWN OF APPLE VALLEY AND RETURN TO  
14955 DALE EVANS PKWY. APPLE VALLEY, CA 92307