



34009 ALVARADO-NILES ROAD
UNION CITY, CALIFORNIA 94587

Administrative Services Dept.

Revenue and Collections Unit

LEASING BUSINESS LICENSE PROCEDURE AND CHECK LIST

Directions:

The following document contains the process and requirements of leasing rental or commercial property that you own within the City of Union City. Please note that BOTH residential and commercial leasing require a business license, regardless if you have a property management company managing your property.

Each step is vital for ensuring proper attention is given towards your application. Incomplete applications will slow down the time it takes to process your application and could be mailed back to the applicant. Payment of all license taxes MUST be paid prior to the City of Union City granting any license

Print these directions and use this document as a check list to complete your renewal business license application. It's easy as 1-2-3.

1. Fill out the Application Materials

Checklist for a complete business license application:

1. Complete the Leasing Business License application (short form) – Mandatory
2. Complete the City of Union City Chamber of Commerce Membership Application- Mandatory
3. Complete the City of Union City Economic Development Business Contact Form- Optional
4. Complete and sign a City of Union City Payment Authorization Form- Optional

2. Submit by email /mail or fax complete applications:

Mail:

Attn: City Cashier
34009 Alvarado Niles Road
Union City, CA, 94587-4497

Email:

biz-license@ci.union-city.ca.us

Fax: 510-487-9361

Questions or Need Assistance? Call 510-471-3232 Ext. 343 or Email biz-license@ci.union-city.ca.us

IT IS ILLEGAL TO OPERATE A BUSINESS IN UNION CITY WITHOUT A VALID BUSINESS LICENSE



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3. Pay and GO!

Allow at least 10 business days for application processing. When you have completed everything requested by Union City a letter and bill/receipt will be mailed to you. Use the receipt as a temporary license until an Official License is delivered by mail. More forms may be sent to the applicant before license application is complete.

Additional Information: Please contact these agencies directly if you have questions regarding:

FICTICIOUS NAME (Application/Filing)

Alameda County Clerk's Office
1106 Madison Street
Oakland CA, 94607
(510) 272-6363

SELLERS PERMIT (Resale No.)

State Board Equalization
1515 Clay St. Suite 303
Oakland CA, 94612
(510) 622-4100

Questions or Need Assistance? Call 510-471-3232 Ext. 343 or Email biz-license@ci.union-city.ca.us

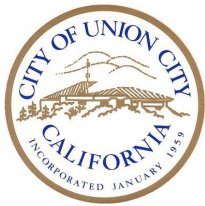
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CONFIDENTIAL AFFIDAVIT AND APPLICATION FOR UNION CITY BUSINESS LICENSE SHORT FORM (RENTALS ONLY)

Complete all sections & return w/pmt. to: CASHIER - City of Union City; 34009 Alvarado Niles Road; Union City, CA 94587
If you have questions, please contact 510-675-5312 or Biz-License@UnionCity.org.

SECTION 1 - OWNER AND BUSINESS INFORMATION - Please check one business type below and fill out applicable sections that follow.				
() A - Sole Proprietor () B - Partnership () C - Corporation () D - Other (Specify) _____				
A – Sole Proprietor (i.e., single owner, married owners, trust, etc.) – Please fill out all sections below if you selected this business type.				
Owner Name(s):		Owner Home Address (Street #, Street Name, City, State, & Zip Code)		
E-mail Address:	Home Phone #	Work Phone #	Cell Phone #	Social Security #(s)
DBA Name (if applicable):				
B – Partnership – (i.e., GP, LP, LLP) Please fill out all sections below if you selected this business type. Attach list if more than 2 partners.				
Partnership Name (if applicable):		DBA Name (if applicable):		
Business Website (if applicable):		Federal Tax ID #:	State Tax ID #:	
Partner # 1 Name:		Home Address (Street #, Street Name, City, State, & Zip Code)		
E-mail Address:	Home Phone #	Work Phone #	Cell Phone #	
Partner # 2 Name:		Home Address (Street #, Street Name, City, State, & Zip Code)		
E-mail Address:	Home Phone #	Work Phone #	Cell Phone #	
C- Corporation (i.e., S – Corp, C – Corp, LLC, etc.) – Please fill out all sections below if you selected this business type. Attach List of Officers, Titles, Business Addresses and Work Phone #'s as well as 1st three (3) copies of articles of incorporation.				
Corporation Name:				
DBA Name (if applicable):		Parent Business Name (if applicable):		
Business Website:		Federal Tax ID #:	State Tax ID #:	
SECTION 2 – RENTAL INFORMATION - Please fill out all sections below. Attach property list, If you own more than 4 rental units in Union City, CA.				
Rental Address #1:			Date 1 st Started Renting: / /	
Rental Address #2:			Date 1 st Started Renting: / /	
Rental Address #3:			Date 1 st Started Renting: / /	
Rental Address #4:			Date 1 st Started Renting: / /	
Property Manager Name (if you have one):		Business Address (Street #, Street Name, City, State, & Zip Code)		
E-mail Address:		Work Phone #	Cell Phone #	
Local Emergency Contact (if you have one):		Address (Street #, Street Name, City, State, & Zip Code)		
E-mail Address:		Home Phone #	Work Phone #	Cell Phone #
SECTION 3 - SIGNATURES				
I, the undersigned, hereby apply for a UNION CITY BUSINESS LICENSE to cover the operation of business under the name and location indicated above. I declare, under penalty of making a false affidavit, that I am authorized to make such an application, and that to the best of my knowledge and belief, it is a true correct and complete application, pursuant to the provisions of the Municipal Code of the CITY OF UNION CITY.				
Owner/Agent Signature:		Name and Title (only include Title if applicable) (Print):		Date:
Owner/Agent Signature:		Name and Title (only include Title if applicable) (Print):		Date:
SECTION 4 – FOR OFFICIAL CITY USE ONLY				
Cust. #:	License #	Setup By:	Setup Date: / /	
Business Category:		SIC Code:	NAICS Code:	



Economic Development Supplemental Form Union City Business Contact Information

The Union City Economic Development Department delivers quality programs that help keep our business community competitive in an ever-changing economy. Union City's goal is to facilitate and help businesses increase sales volume, provide access to funding, and encourage business growth by retaining and creating quality jobs.

We will keep you updated about Union City's no-cost programs, workshops, seminars and special events. The City will also be implementing a monthly e-newsletter for businesses that will give the business community updates on new businesses, development projects, contract opportunities, federal and state regulations and the opportunity to place advertisements in the e-newsletter

COMPANY INFORMATION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax: _____

Website: _____

PRIMARY CONTACT

Name: _____ Position: _____

Direct Phone: _____ Email: _____

SECONDARY CONTACT

Name: _____ Position: _____

Direct Phone: _____ Email: _____

HUMAN RESOURCE CONTACT

Name: _____ Position: _____

Direct Phone: _____ Email: _____