



Finance Department | Revenue Division
34009 Alvarado-Niles Road
Union City, CA 94587
Phone: 510-675-5312 | Fax: 510-489-5074
E-mail: Biz-License@UnionCity.Org
City Website: www.UnionCity.Org

Incomplete applications will delay processing

Commercial/Residential Rental Business License Application

Official City Use Only

Customer Account #: _____

PLEASE CHECK ONE

- New Application ☐
Change of Owner ☐
Change of Address ☐
General Update ☐

Estimated Annual Gross Receipts

\$ _____

Federal ID # _____

State ID/Driver's License # _____

Individual Tax ID # _____

- ☐ Commercial Leasing
☐ Residential Rental

PLEASE TYPE OR PRINT WITH PEN

Business/Owner Name _____

Corporate Name _____
(If Different)

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Business Email Address _____

Description of Business _____

Lease/Rent Start Date: _____

Ownership ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐ Trust ☐ Non-Profit

Personal Information – Enter below names of Owners, Partners, or Corporate Officers (attach additional sheets if necessary)

Owner Name _____ Title _____ Phone _____

Home Address _____ Cell Phone _____

_____ Email _____

City _____ State _____ Zip _____

Owner Name _____ Title _____ Phone _____

Home Address _____ Cell Phone _____

_____ Email _____

City _____ State _____ Zip _____

Owner Name _____ Title _____ Phone _____

Home Address _____ Cell Phone _____

_____ Email _____

City _____ State _____ Zip _____

Owner Name _____ Title _____ Phone _____

Home Address _____ Cell Phone _____

_____ Email _____

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LEASED ADDRESSES

Complete for all commercial leased/residential rental properties; only include Union City properties. Attach additional sheets if more than 5 units.

Please make your tenants aware that they will also need to obtain a Union City business license as well. (Commercial Properties Only)

Leased Address (#, Street, Suite/Apt.):

Space Type: ☐ Commercial ☐ Industrial ☐ Office ☐ Residential Rental

Tenant Name: _____ Tenant Phone Number: _____
(Commercial Properties Only)

Sq. Ft.: _____

Leased Address (#, Street, Suite/Apt.):

Space Type: ☐ Commercial ☐ Industrial ☐ Office ☐ Rental Residential

Tenant Name: _____ Tenant Phone Number: _____
(Commercial Properties Only)

Sq. Ft.: _____

Leased Address (#, Street, Suite/Apt.):

Space Type: ☐ Commercial ☐ Industrial ☐ Office ☐ Residential Rental

Tenant Name: _____ Tenant Phone Number: _____
(Commercial Properties Only)

Sq. Ft.: _____

Leased Address (#, Street, Suite/Apt.):

Space Type: ☐ Commercial ☐ Industrial ☐ Office ☐ Residential Rental

Tenant Name: _____ Tenant Phone Number: _____
(Commercial Properties Only)

Sq. Ft.: _____

Leased Address (#, Street, Suite/Apt.):

Space Type: ☐ Commercial ☐ Industrial ☐ Office ☐ Residential Rental

Tenant Name: _____ Tenant Phone Number: _____
(Commercial Properties Only)

Sq. Ft.: _____

PROPERTY MANAGER (if applicable)

1. Property Management Company Name (if applicable): _____
2. Property Manager Name: _____
3. Address (#, Street, Suite/Apt.): _____
4. Property Manager/Company City, State, ZIP: _____
5. Property Manager/Company Phone #: _____
6. Property Manager/Company E-Mail Address: _____

AB 2184 allows business owners to protect their residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please notify staff and provide your documentation at time of application. SB 1186 (AB 1379) adds a State fee of \$4 onto business license applications or renewal thereof. The purpose is to increase disability access and compliance with construction related accessibility requirements and to develop educational resources for businesses to facilitate compliance with federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws here: 1) Division of the State Architect <https://www.dgs.ca.gov/DSA>, 2) Dept. of Rehabilitation <https://www.dor.ca.gov/>, 3) Calif. Commission on Disability Access www.cdda.ca.gov.

I declare under penalty of perjury that the statements made in this application are true. I further agree that the business shall be conducted in accordance with the City of Union City Municipal Code. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of the anniversary month.

Signature

Printed Name

Date