Administrative Services 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

General/Sub-Contractor Supplemental Form

Official City Use Only
Customer Account #: _____

NOTE: Please complete and attach to your business license application if you are a general or sub-contractor.

APPLICANT INFORMATION	
1. Doing Business As (*DBA*) **Name:**	

LICENSE TYPE DESIRED *(Choose one)*

☐ **General Contractor** ☐ **Sub-Contractor**

ACTIVITY LEVEL FOR BUSINESS TAX COMPUTATION	
1. Estimated Annual Gross Receipts for Jobs in Union City:	

ADVISORY LICENSES	
1. California State Contractor's License #:	
2. Contractor's License Effective Date:	
3. Contractor's License Expiration Date:	

I declare under penalty of perjury, that to the best of my knowledge, all information contained on this supplemental form is true and complete.

_____ _____ _____
Signature of Owner or Authorized Agent **Printed Name and Title** **Date**