



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: