



34009 ALVARADO-NILES ROAD
UNION CITY, CALIFORNIA 94587

Administrative Services Dept.

Revenue and Collections Unit

GENERAL and SUB CONTRACTORS LICENSE FILING PROCEDURE AND CHECK LIST

Directions:

The following document contains the process for applying for a General and Sub Contractors business license within the City of Union City. 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 renewal business license taxes **MUST** be paid prior to the City of Union City granting any license renewal. 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 Contractor and Subcontractor Application- Mandatory
2. Complete the Workman's Compensation Form- Mandatory
3. Review the Contractors Licensing Tax Rates - 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

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CONFIDENTIAL AFFIDAVIT AND APPLICATION FOR UNION CITY BUSINESS LICENSE



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(510) 471-3232

Complete all sections where applicable and return to:

CASHIER - City of Union City
34009 Alvarado Niles Road
Union City, CA 94587

Official City Use Only
Customer #
Account Setup Completed By/Date

Business Name				
DBA Name		Parent Business Name		
Business Category (Official City Use Only)		SIC (Official City Use Only)	NAICS (Official City Use Only)	
Business Type (Check One Type and Fill Out Applicable Sections that Follow) () A - Sole Proprietor () B - Partnership () C - Corporation () D - Other (Specify) _____				Business Opening Date
Federal ID	State ID	State Sales Tax #	State Contractors Lic./Exp. Date	
Business Email Address		Business Web Site		
Business Address (Street #, Street Name, City, State, & Zip Code) <i>(Note: Fill in rental unit address if applicable. If more than one rental unit, attach a list with all rental addresses. Separate licenses and fees are required for different locations, but units at same location can be covered under single license and fee.)</i>				
Business Phone #	Business Fax #			
Mailing Address (Street #, Street Name, City, State, & Zip Code)				
(A) Owner Name (Sole Proprietorship)	Owner Home Address (Street #, Street Name, City, State, & Zip Code)			
Email Address	Home Phone #	Work Phone #	Cell Phone #	Social Security #
(B) Partner Name #1 (Partnership)	Partner Home Address (Street #, Street Name, City, State, & Zip Code) List all General Partners. Attach a list if more than two General Partners.			
Email Address	Home Phone #	Work Phone #	Cell Phone #	Social Security #
(B) Partner Name # 2 (Partnership)	Partner Home Address (Street #, Street Name, City, State, & Zip Code)			
Email Address	Home Phone #	Work Phone #	Cell Phone #	Social Security #
(C) Corporation Name (Corporation)	Attach List of Officers, Titles, Business Addresses and Work Phone #'s as well as 1st three (3) copies of articles of incorporation.			
Business Manager Name		Business Manager Business Address (Street #, Street Name, City, State, & Zip Code)		
Email Address		Work Phone #	Cell Phone #	
Local Emergency Contact Name		Local Emergency Contact Home Address (Street #, Street Name, City, State, & Zip Code)		
Email Address		Home Phone #	Work Phone #	Cell Phone #
Alarm Company Name		Alarm Company Address (Street #, Street Name, City, State, & Zip Code)		
Email Address		Work Phone #	Cell Phone #	
Business Description (Describe Nature of Business)				

CONFIDENTIAL AFFIDAVIT AND APPLICATION FOR UNION CITY BUSINESS LICENSE (Continued)

Zoning Designation & Approved Reso. # (Official City Use Only)				# of Employees	# of Vehicles	City Issued Alarm Permit #	
Bond Insurance Carrier/Policy#		Liability Insurance Carrier/Policy #		Workers Comp Ins. Carrier/Policy#		Fire Insurance Carrier/Policy#	
Effective Date	Expiration Date	Effective Date	Expiration Date	Effective Date	Expiration Date	Effective Date	Expiration Date
<p>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.</p>							
Completed by Signature:				Name and Title (Print):		Date:	

FOR OFFICIAL CITY USE ONLY

COMMUNITY DEVELOPMENT DEPARTMENT							
Check One:		Approved []	Conditionally Approved []	Denied []			
Reviewed by Signature:			Name and Title (Print):			Date:	
Comments:							
ECONOMIC DEVELOPMENT DEPARTMENT							
Check One:		Approved []	Conditionally Approved []	Denied []			
Reviewed by Signature:			Name and Title (Print):			Date:	
Comments:							
FIRE DEPARTMENT							
Check One:		Approved []	Conditionally Approved []	Denied []			
Reviewed by Signature:			Name and Title (Print):			Date:	
Comments:							
POLICE DEPARTMENT							
Check One:		Approved []	Conditionally Approved []	Denied []			
Reviewed by Signature:			Name and Title (Print):			Date:	
Comments:							



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WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations: (Check one)

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name _____

Address _____

Signature _____

Date _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.



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ANNUAL FEES FOR GENERAL AND SUB-CONTRACTORS

	<u>General Contractor</u>	<u>Sub-Contractor</u>
1 – 4 employees	\$ 240.00	\$ 118.00
5 – 10 employees	\$ 362.00	\$ 177.00
Over 10 employees	\$ 362.00 + \$ 3.50 /employee in excess of 10	\$ 177.00 + \$ 1.50/employee in excess of 10

QUARTERLY FEES

	<u>General Contractor</u>	<u>Sub-Contractor</u>
1 – 4 employees	\$ 60.00	\$ 29.50
5 – 10 employees	\$ 90.50	\$ 44.00
Over 10 employees	\$ 90.50 + \$.90/ employee in excess of 10	\$ 44.00 + \$.37/employee in excess of 10

A General or Sub-Contractor may elect to pay license fees on a QUARTERLY BASIS. The Business License must be valid through the completion of the project.

If you have any questions or concerns, contact the Licensing Department at (510) 675-5343.