



34009 ALVARADO-NILES ROAD
UNION CITY, CALIFORNIA 94587

Administrative Services Dept.

Revenue and Collections Unit

HOME OCCUPATION - BUSINESS LICENSE PROCEDURE AND CHECK LIST

Directions:

The following document contains the process and requirements of having a business in your personal home or residence with business license within the City of Union City. Please note that BOTH a Permit and License are required. 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 and permit taxes/fees MUST be paid prior to the City of Union City granting any license or permit. 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 business license application- Mandatory
2. Complete the Home Occupancy Permit application- Mandatory
3. Please read and understand the home occupancy previous statement- Mandatory
(Audits may occur, and citations can be given to noncompliance)
4. Complete the City of Union City Economic Development Business Contact Form- Mandatory
5. Complete the City of Union City Chamber of Commerce Membership Application- Optional
6. 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



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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)				

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:							

APPLICATION FOR HOME OCCUPATION PERMIT



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(510) 471-3232

FOR OFFICE USE ONLY:

- APPROVED _____
- DENIED _____

APPLICANT: (INSTRUCTIONS: COMPLETE FILL OUT THIS SIDE ONLY)	
Name	Address(Street, City, State and Zip Code Number)
Home Phone Number	Cell Phone Number
Name of Business	
Describe Nature of Business You Wish to Conduct	
BUSINESS IDENTIFICATION: (CHECK APPLICABLE SQUARE(S))	
<input type="checkbox"/> Administrative <input type="checkbox"/> Retail <input type="checkbox"/> E-Mail Sales <input type="checkbox"/> Other	
PLEASE DESCRIBE YOUR OPERATION BRIEFLY:	
PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING HOME OCCUPATIONAL USE	
1 WHERE ON THE PROPERTY WILL OCCUPATION BE CONDUCTED: (If within dwelling, which room will be used?)	
2 WHAT PERCENTAGE OF FLOOR OF DWELLING WILL BE USED TO CONDUCT OCCUPATION?	
3 WHAT HOURS WILL OCCUPATION BE CONDUCTED?	
4 WHAT PORTION OF THE OCCUPATION WILL BE CONDUCTED ON THE PREMISES?	
5 WHERE WILL THE ENTRANCE BE TO THE AREA DEVOTED TO THE OCCUPATION?	
6 IF ANY EXTERIOR OR INTERIOR ALTERATIONS OF THE DWELLING ARE NECESSARY IN ORDER TO CONDUCT OCCUPATION, PLEASE EXPLAIN.	
7 DESCRIBE ANY SIGNAGE OR WINDOW DISPLAY USED TO CONDUCT OCCUPATION	
8 WHO WILL CONDUCT OCCUPATION?	
9 WHAT MACHINERY, EQUIPMENT OR VEHICLES WILL BE USED TO CONDUCT OCCUPATION? IS THERE A POTENTIAL FOR NOISE OR ELECTRONIC INTERFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 WILL THERE BE ANY STORAGE OF EQUIPMENT SUPPLIES, OR VEHICLES FOR OCCUPATION? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, where will storage occur?)	
11 DOES OCCUPATION REQUIRE DELIVERY OF GOODS TO OR FROM PREMISES OR NECESSITATE CLIENTS OR GENERAL PUBLIC TO FREQUENT PREMISES? IF SO HOW FREQUENTLY AND WHAT HOURS?	
12 IF OCCUPATION INVOLVES INSTRUCTION, HOW MANY PUPILS WOULD BE INVOLVED AT ONE TIME?	
I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECTLY REPRESENTATIVE AND ACCURATELY DESCRIBES THE WAY IN WHICH THE HOME OCCUPATION WOULD BE CONDUCTED.	
APPLICANT'S SIGNATURE _____ DATE _____	



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HOME OCCUPATION PROVISIONS

Municipal Code Section 18.32.020.G

1. That the home occupation shall be conducted within a primary or secondary dwelling unit by an inhabitant thereof and shall be clearly incidental to the use of the structure as a dwelling,
2. That the home occupation shall not be conducted in an accessory structure or in an attached garage,
3. That not more than twenty percent (20%) of the floor area of the dwelling shall be devoted to the conduct of the home occupation,
4. That an attached garage or detached accessory structure shall not be used as living or sleeping quarters in order to conduct the home occupation within the dwelling,
5. That the entrance to the area devoted to the home occupation shall be from within the dwelling,
6. That there shall be no exterior alteration of the dwelling and there shall be no internal alterations or construction features not customary in a dwelling,
7. That there shall be no show window or window display to attract customers, clients or the general public, and no sign shall be displayed other than a nonilluminated name plate not exceeding one and one-half square feet in area, which shall be located flat against the wall or window of the dwelling,
8. That no one other than a resident of the dwelling shall conduct business from the dwelling; employees working off-site only may be allowed,
9. That there shall be no noisy or otherwise objectionable machinery or equipment used in the conduct of the home occupation, that no radio or television interference shall be created, and that the conduct of the home occupation shall not create any noise audible beyond the boundaries of the site,
10. That there shall be no storage of equipment or supplies in an accessory structure, in an attached garage, or outside of the dwelling, except that equipment or supplies incidental to a service performed off of the premises may be stored in one (1) truck of not more than one-half ton capacity,
11. That the conduct of the home occupation shall not create excessive pedestrian, automobile or truck traffic in the vicinity,
12. That organized classes in music, dancing, art, drama, self-defense, business and the like shall not be permitted, subject to the exception that the instruction of one (1) pupil at a time shall be permitted,
13. That personal service establishments such as commercial photo studios, beauty parlors, massage parlors, barber shops, health studios, self-improvement courses and the like shall not be permitted,
14. That repair services such as repair of household appliances, furniture, electronic equipment, automobiles and their parts, and the like and handicraft work such as woodworking, cabinetry, metal working, welding and the like shall not be permitted.

Pursuant to Chapter 1.16 of the Municipal Code, failure to comply with the above stated provisions of the Municipal Code, is considered an infraction subject to citation.

I agree to adhere to all of the listed provisions.

Signature

Date



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: _____