

CONFIDENTIAL AFFIDAVIT AND APPLICATION FOR UNION CITY BUSINESS LICENSE



34009 ALVARADO-NILES ROAD
 UNION CITY, CALIFORNIA 94587
 (510) 471-3232

Complete front side of this form for review and return to:
 CASHIER, CITY OF UNION CITY, 34009 ALVARADO-NILES
 ROAD, UNION CITY CA 94587. You will be notified as to
 status and fee.

Name of Business	Location of Business	
Mailing Address (# Street, City, State & Zip Code)	Phone Number	
Describe Nature of Business	Open Date in Union City	
# Employees/Contractors in City	# Vehicles	# State Sales Tax
# Fed ID	# Social Security	# State Contractors License
TYPE OF BUSINESS (CHECK TYPE & INCLUDE APPROPRIATE NAMES, TITLES, RESIDENCE ADDRESS & PHONE NUMBER(S))		
SOLE PROPRIETORSHIP (list owner's name, residence address and phone number)		
PARTNERSHIP (list ALL partners' names, residence address and phone numbers)		
A COPY OF THIS APPLICATION MAY BE SENT TO UNION SANITARY DISTRICT		
CORPORATION (list Corporation name and State of Incorporation) List Officers, titles, residence address and phone numbers		
LOCAL EMERGENCY CONTACT(name, residence and phone number)		
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.		
SIGNATURE _____ DATE _____		

FOR OFFICE USE ONLY

COMMUNITY DEVELOPMENT DEPARTMENT

APPROVED <input type="checkbox"/>	CONDITIONALLY APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BY: _____	DATE: _____
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COMMENTS:

ECONOMIC DEVELOPMENT DIVISION

APPROVED <input type="checkbox"/>	CONDITIONALLY APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BY: _____	DATE: _____
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COMMENTS:

FIRE DEPARTMENT

APPROVED <input type="checkbox"/>	CONDITIONALLY APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BY: _____	DATE: _____
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COMMENTS:

POLICE DEPARTMENT

APPROVED <input type="checkbox"/>	CONDITIONALLY APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BY: _____	DATE: _____
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COMMENTS:
