



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

BUSINESS TAX FORM

Supplement Questionnaires for Commercial Businesses in Union City

Please type or print in ink.

Business Name _____

Business Address _____

Telephone # () _____

Is the business: (Check one)

- New activity at a new location.
- Same activity at existing location.
- New owner.
- New activity at existing location.

1. Have you or do you intend to remodel or make physical changes to the business premises? If so, please describe: _____

2. Have the premises been vacant? _____

If so, for how long? _____

Provide total square footage of building _____ Sq. Ft.

Provide square footage of leased space _____ Sq. Ft.

3. Total employees at this location: (Check one)

- 1-5 6-10 11-25 26-50
- 51-100 101-200 201-300 301+

4. What is the name/use of the former business at this location? _____

5. What type of product or service does your company offer? (Check one)

- Manufacturing Wholesale Retail Warehouse/Distribution
- Professional Other Services _____

6. Describe your operation in detail: (Attach any informational pamphlet on your products)

7. What will you store (type, quantity, location)?

Inside _____

Outside _____

8. Describe the manufacturing/assembly of your business (process, machinery use, raw and finished products) _____

9. Will your business use, store, transport, or handle any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Carcinogens | <input type="checkbox"/> Flammable & Combustible liquids and solids | |
| <input type="checkbox"/> Combustible Fibers | <input type="checkbox"/> Hazardous Waste | |
| <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Liquefied Petroleum Gas | <input type="checkbox"/> Poisonous Gases/Liquids |
| <input type="checkbox"/> Corrosives | <input type="checkbox"/> Organic Peroxides | <input type="checkbox"/> Radioactive materials |
| <input type="checkbox"/> Cryogen's | <input type="checkbox"/> Oxidizers | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Toxic Materials |

If so, list the chemical names and quantities: _____

10. Will the business:

- Use water for any purpose other than landscape, irrigation and sanitary services, i.e., sink, toilets, etc.
- Discharge cooling water of any type into the municipal sanitary sewer system or storm drain system.
- Discharge any wastes other than those from sanitary services into the municipal sewer system.

If so, please explain: _____

11. Is your planned space equipped with a sprinkler system?

- Yes No

Note: The discharge into the municipal sewer system of any waste other than sanitary waste requires Union Sanitary District approval and may require a wastewater discharge permit. For information, contact the Union Sanitary District at (510) 790-0120.

I declare that the responses I have made on this form are true to the best of my knowledge and I will comply with all City codes and regulations in the conduct of my business.

Signature

Print Name

Title

Date