



Finance Department | Revenue Division  
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**Commercial Leasing Supplemental Form**

**Official City Use Only**  
 Account Number: \_\_\_\_\_

**NOTE: Please complete and attach to your business license application if you lease commercial property within Union City.**

<b>APPLICANT INFORMATION:</b>	
<b>1. Business Name/ DBA:</b>	_____
<b>LEASED ADDRESSES</b>	
<i>Complete for all leased commercial properties; only include Union City properties. Attach additional sheets if more than 6 units. Please make your tenants aware that they will also need to obtain a Union City business license as well.</i>	
<b>Leased Address (#, Street, Suite/Apt.):</b> _____	
<b>Space Type:</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office
<b>Tenant Name:</b> _____	<b>Tenant Phone Number:</b> _____
<b>Sq. Ft.:</b> _____	<b>Monthly Lease Rate:</b> _____
<b>Leased Address (#, Street, Suite/Apt.):</b> _____	
<b>Space Type:</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office
<b>Tenant Name:</b> _____	<b>Tenant Phone Number:</b> _____
<b>Sq. Ft.:</b> _____	<b>Monthly Lease Rate:</b> _____
<b>Leased Address (#, Street, Suite/Apt.):</b> _____	
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<b>Leased Address (#, Street, Suite/Apt.):</b> _____	
<b>Space Type:</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office
<b>Tenant Name:</b> _____	<b>Tenant Phone Number:</b> _____
<b>Sq. Ft.:</b> _____	<b>Monthly Lease Rate:</b> _____
<b>ACTIVITY LEVEL FOR BUSINESS TAX COMPUTATION</b>	
<b>1. Estimated Annual Lease Income for All Commercial Property in Union City:</b>	_____
<b>PROPERTY MANAGER (if applicable)</b>	
<b>2. Property Management Company Name (if applicable):</b>	_____
<b>3. Property Manager Name:</b>	_____
<b>4. Address (#, Street, Suite/Apt.):</b>	_____
<b>5. Property Manager/Company City, State, ZIP:</b>	_____
<b>6. Property Manager/Company Phone #:</b>	_____
<b>7. Property Manager/Company E-Mail Address:</b>	_____

*I declare under penalty of perjury, that to the best of my knowledge, all information contained on this supplemental form is true and complete.*

\_\_\_\_\_  
**Signature of Owner or Authorized Agent**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Date**