Administrative Services Department |Revenue Division
34009 Alvarado-Niles Road
Union City, CA 94587
*Phone*: 510-675-5312 | *Fax*: 510-489-5074
*E-mail*: Biz-License@UnionCity.Org
*City Website*: www.UnionCity.Org

# General/Sub-Contractor Supplemental Form

**Official City Use Only**
**Customer Account #:** _____

***NOTE: Please complete and attach to your business license application if you are a general or sub-contractor.***

**APPLICANT INFORMATION**

1. **Doing Business As** (*DBA*) **Name:** _____

**LICENSE TYPE DESIRED** *(Choose one)*

☐ **General Contractor** ☐ **Sub-Contractor**

**LICENSE TERM DESIRED** (Choose one)

☐ **Annual** ☐ **Quarterly** **If Quarterly, what date will your project(s) in Union City end?** _____

**ACTIVITY LEVEL FOR BUSINESS TAX COMPUTATION**

1. **Number of Employees on Job Site in Union City:** _____

**ADVISORY LICENSES**

1. **California State Contractor's License #:** _____
2. **Contractor's License Effective Date:** _____
3. **Contractor's License Expiration Date:** _____

*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** |
|---|---|---|