Finance 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

Professional Services Supplemental Form

Official City Use Only
Account Number:

NOTE: Please complete and attach to your business license application if you will be providing a service in Union City. If you are a massage services provider, please complete the Business License Application and Massage Services Application instead of this supplemental form.

APPLICANT INFORMATION

1. Business Name/ DBA:

SUPPLEMENTAL BUSINESS OPERATIONS INFORMATION:

1. Are You an Independent Contractor? ☐ **No** ☐ **Yes** *If Yes, ignore the rest of this section and proceed to Advisory Licenses section.*

2. Do You Have Employees on Payroll? ☐ **No** ☐ **Yes** **If Yes, How Many Employees on Payroll:**

3. Do You Have Any Contractual Employees? ☐ **No** ☐ **Yes** **If Yes, How Many Contractors:**

List of Independent Contractors Working for Company

Note: Each Independent Contractor will also need to apply for a Business License with Union City. Please make them aware of this. Attach additional sheets as necessary if you have more employees or contractors.

Name (*Last, First*)	Phone #	Email	If Already licensed, List Business License #:

ADVISORY LICENSES

List all Professional Licenses, Certifications, etc. that allow you to perform your services in the State of California. Examples include, but are not limited to California State Bar Certification, PhD, Physical Therapy License, Realtor's License, etc. Attach additional forms if necessary:

	License/Certificate Name and Issuing Agency	License/Certificate #	Effective Date	Expiration Date
1.				
2.				
3.				
4.				
5.				

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**