



Finance Department | Revenue Division
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 Union City, CA 94587
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 City Website: www.UnionCity.Org

Public Transportation Supplemental Form

Official City Use Only
Account Number: _____

NOTE: Please complete and attach to your business license application if you will be operating a taxicab, shuttle, delivery, etc. in Union City.

APPLICANT INFORMATION			
1. Business Name/ DBA: _____			
RATE INFORMATION (if Taxicab):			
<i>UCMC Chapter 5.34.080: Each person engaging in the taxicab business in the City shall at all times keep on file with the City Manager an up-to-date schedule of rates charged for the services provided to the public, and no person shall demand or charge any rate for such services which does not conform to the schedule of rates currently on file. Such rates shall not be changed or modified in any manner without first filing such changed or modified rates with the City Manager fifteen days prior to the effective date of such change or modification. (Ord. 175-78 § 1 (part), 1978)</i>			
1. Rate per Mile: \$ _____	2. Minimum Rate per Trip: \$ _____	3. Minimum Rate per Passenger: \$ _____	
ACTIVITY LEVEL FOR BUSINESS TAX COMPUTATION			
1. Number of Taxicabs, Shuttles, or other Public Transportation Vehicles Operating in Union City: _____			
VEHICLE INFORMATION:			
<i>Attach additional sheets for additional vehicles operating in Union City:</i>			
Vehicle Identification Number (VIN): _____	License Plate #: _____		
Make: _____	Model: _____	Year: _____	Color: _____
Vehicle Identification Number (VIN): _____	License Plate #: _____		
Make: _____	Model: _____	Year: _____	Color: _____
Vehicle Identification Number (VIN): _____	License Plate #: _____		
Make: _____	Model: _____	Year: _____	Color: _____
Vehicle Identification Number (VIN): _____	License Plate #: _____		
Make: _____	Model: _____	Year: _____	Color: _____
Vehicle Identification Number (VIN): _____	License Plate #: _____		
Make: _____	Model: _____	Year: _____	Color: _____
DRIVER INFORMATION:			
<i>Attach additional sheets for additional drivers operating in Union City:</i>			
Driver Name 1: _____	Driver License #: _____	License State: _____	License Exp.: _____
Driver Name 2: _____	Driver License #: _____	License State: _____	License Exp.: _____
Driver Name 3: _____	Driver License #: _____	License State: _____	License Exp.: _____
Driver Name 4: _____	Driver License #: _____	License State: _____	License Exp.: _____
Driver Name 5: _____	Driver License #: _____	License State: _____	License Exp.: _____
INSURANCE INFORMATION:			
1. Liability Insurance Company Name: _____			
2. Liability Insurance Policy Number: _____	3. Expiration Date of Liability Insurance: _____		

Additional Information:

- In addition, for verification purposes, please include **copies** of the following items for the vehicle referenced above:
 - Clearance from the Alameda County Sealer of Weights and Measures (for **each vehicle meter**) (if Taxicab)
 - Valid and Current Vehicle Registration for California Department of Motor Vehicles (DMV) (for **each vehicle** listed above)
 - Certificate of Liability Insurance (must remain current at all times for **each vehicle** listed above)
 - Valid and Current Driver's License from DMV (for **each driver** listed above)
- Public Transportation Vehicles must comply with all provisions of Chapter 5.34 of the Union City Municipal Code (UCMC). "Public transportation vehicle" means any ambulance, bus, drive-yourself vehicle, taxicab, vehicle used in a motorcycle escort service, limousine and every automobile or motor-propelled vehicle not otherwise defined in UCMC 5.34 used in the business of transporting passengers over streets of the City, irrespective of whether such operations extend beyond the City and regardless of whether or not any fee, compensation or consideration is paid for such transportation, provided, however, that the term "public transportation vehicle" shall not be deemed to apply to any vehicle operated by any governmental agency, nor to any vehicle operated on a private basis in connection with agricultural operations.

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