



Finance Department | Revenue Division
 34009 Alvarado-Niles Road
 Union City, CA 94587
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 E-mail: Biz-License@UnionCity.Org
 City Website: www.UnionCity.Org

Short-Term Rental Supplemental Form

Official City Use Only

Account Number: _____

NOTE: Please complete and attach to your business license application if you have a short-term rental property within Union City.

RENTAL PROPERTY OWNER INFORMATION	
Property Owner Name: _____	
Phone Number: _____	E-Mail: _____

Total Number of Rental Units Owned in Union City (REQUIRED): _____
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RENTAL ADDRESSES	
<i>Complete for <u>all</u> rental properties located in Union City (REQUIRED). Attach additional sheets if necessary.</i>	
<i>Rental Address (#, Street, Suite/Apt)</i>	<i># of Units</i>
Rental Address 1	_____
Rental Address 2	_____
Rental Address 3	_____
Rental Address 4	_____
Rental Address 5	_____
Rental Address 6	_____
Rental Address 7	_____
Rental Address 8	_____
Rental Address 9	_____
Rental Address 10	_____
Rental Address 11	_____
Rental Address 12	_____
Rental Address 13	_____
Rental Address 14	_____
Rental Address 15	_____
Rental Address 16	_____
Rental Address 17	_____
Rental Address 18	_____
Rental Address 19	_____
Rental Address 20	_____

PROPERTY MANAGER (if applicable)	
1. Property Management Company Name <i>(if applicable)</i> : _____	
2. Property Manager Name: _____	
3. Address (#, Street, Suite/Apt): _____	
4. City, State, ZIP: _____	
5. Phone #: _____	
6. E-Mail Address: _____	

Pursuant to Chapter 18.32, "Residential Districts", of the Union City Municipal Code, room, room and board, or boarding houses for not more than two (2) paying guests are permitted uses in the R and RS districts.

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

 Signature of Applicant/Owner or Authorized Agent Printed Name and Title Date