



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

OUT OF TOWN BUSINESS LICENSE (BL) APPLICATION

City Use Only	Account Number: _____	Category: _____

REASON FOR APPLICATION

If you do business in **Union City**, you are required to submit an application for **each** reason below. Select **one** reason that best fits this application:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 st Time Applicant in Union City | <input type="checkbox"/> 2 nd Business Location in Union City | <input type="checkbox"/> 2 nd Business Purpose/Same Location as an Existing Business |
| <input type="checkbox"/> Location Change for Existing Business | <input type="checkbox"/> Name Change for Existing Business | <input type="checkbox"/> General Update/Add New Location(s) to Existing Business |

MAIN BUSINESS INFORMATION

- Business Name (REQUIRED):** _____
- Doing Business As (DBA) Name:** _____
- Description of Business Activities (REQUIRED):** _____
- Type of services offered and/or products sold (REQUIRED):** _____
- Business Activity Category (Check appropriate box(s) for product or service your business offers.)**

<input type="checkbox"/> Retail	<input type="checkbox"/> Admin Office	<input type="checkbox"/> Import/Export	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Warehouse/Dist.
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Other _____		
- Month & Year Business Began Operating in Union City (REQUIRED):** _____
- Ownership Type (Choose one):** Sole Proprietorship Partnership Corporation Trust or Estate LLC or LLP
- Federal Employer ID # (FEIN) (REQUIRED if Corporation or LLC):** _____
- Driver's License, Gov Issued ID, or Individual Taxpayer ID # (REQUIRED if Sole Prop or Partnership):** _____
- CDTFA Seller's Permit # (REQUIRED if you sell or lease tangible goods in California):** _____

BUSINESS AND MAILING ADDRESSES

Note: Use Commercial Leasing Forms for Business Site Addresses instead of lines #1 & 2 below if you lease property.

- Business Site Address (#, Street, Suite/Apt.):** _____
- Business Site City, State, ZIP:** _____
- Business Site Telephone #:** _____
- Business Site Fax:** _____
- Business Website:** _____
- Business E-mail (REQUIRED):** _____
- Mailing Address (#, Street, Suite/Apt.):** _____
- Mailing City, State, ZIP:** _____
- Mailing Telephone #:** _____

SB 205 STORMWATER DISCHARGE COMPLIANCE

Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 National Pollutant Discharge Elimination System (NPDES) permit program? If so, please provide the SIC Code and stormwater identification # below:

- All SIC codes relevant to the business:** _____
- Stormwater Identification # (WDID, NEC, or NONA #):** _____

*Please also indicate the ID type that is being provided above

SUPPLEMENTAL INFORMATION

Please also answer all questions below and complete additional supplemental forms indicated if necessary. May be more than one (1):

- | | | |
|--|-----------------------------|---|
| 1. Is a majority of your business Professional Services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → please also complete Professional Services Supplemental Form |
| 2. Do you offer Massage Services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → please also complete Massage Services Application |
| 3. Are you a Mobile Food Truck Vendor? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → please also complete Mobile Food Vendor Supplemental Form |
| 4. Do you offer Public Transportation Services? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → please also complete Public Transportation Supplemental Form |
| 5. Do you perform Canvassing or Soliciting Activities? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → please also complete Canvassing/Soliciting Supplemental Form |

AB 2184 allows business owners to protect their residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please notify staff and provide your documentation at time of application.

SB 1186 (AB 1379) adds a State fee of \$4 onto business license applications or renewal thereof; eff. 01/01/18 to 12/31/23. The purpose is to increase disability access and compliance with construction related accessibility requirements and to develop educational resources for businesses to facilitate compliance with federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws here: 1) Division of the State Architect www.dgs.ca.gov/dsa, 2) Dept. of Rehabilitation www.rehab.cahwnet.gov, 3) Calif. Commission on Disability Access www.cdda.ca.gov.

PLEASE TURN OVER AND COMPLETE ANY APPLICABLE SECTIONS ON PAGE 2 OF THIS APPLICATION AS WELL AS ANY SUPPLEMENTAL FORMS THAT YOU HAVE SELECTED ABOVE. **PLEASE ALSO SIGN APPLICATION ON PAGE 2 AND ALL SUPPLEMENTAL FORMS WHERE INDICATED.**

UNSIGNED APPLICATIONS AND FORMS WILL NOT BE PROCESSED.



Official City Use Only
Account Number: _____

Complete only those sections which apply to your business. Attach additional sheets as necessary.

APPLICANT INFORMATION

1. Business Name/ DBA: _____

OWNER(S) INFORMATION

Complete if you selected ownership type Sole Proprietorship, Partnership, Trust, or LLP. Otherwise, complete Corporate Officer's section below.

1. Owner Name (Last, First): _____
 2. Owner Address (#, Street, Suite/Apt.): _____
 3. Owner City, State, ZIP: _____
 4. Owner Telephone #: _____ 5. Owner E-mail: _____

1. Owner Name (Last, First): _____
 2. Owner Address (#, Street, Suite/Apt.): _____
 3. Owner City, State, ZIP: _____
 4. Owner Telephone #: _____ 5. Owner E-mail: _____

CORPORATE OFFICERS

Complete if you selected ownership type Corporation or LLC. Otherwise, complete Owner's Information section above.

1. Officer Name (Last, First): _____ 2. Title: _____
 3. Officer Address (#, Street, Suite/Apt.): _____
 4. Officer City, State, ZIP: _____
 5. Officer Telephone #: _____ 6. Officer E-mail: _____

1. Officer Name (Last, First): _____ 2. Title: _____
 3. Officer Address (#, Street, Suite/Apt.): _____
 4. Officer City, State, ZIP: _____
 5. Officer Telephone #: _____ 6. Officer E-mail: _____

1. Officer Name (Last, First): _____ 2. Title: _____
 3. Officer Address (#, Street, Suite/Apt.): _____
 4. Officer City, State, ZIP: _____
 5. Officer Telephone #: _____ 6. Officer E-mail: _____

AP or LICENSING CONTACT

Complete always. Please provide contact info for payments and general licensing information.

1. Name (Last, First): _____ 2. Title: _____
 3. Address (#, Street, Suite/Apt.): _____
 4. City, State, ZIP: _____
 5. Telephone #: _____ 6. E-mail: _____

BUSINESS SITE MANAGER

Optional. Provide contact info for the primary manager of your site if it is not an Owner or Corporate officer. Otherwise, you may leave blank.

1. Manager Name (Last, First): _____ 2. Title: _____
 3. Manager Address (#, Street, Suite/Apt.): _____
 4. Manager City, State, ZIP: _____
 5. Manager Telephone #: _____ 6. Manager E-mail: _____

HUMAN RESOURCES (HR)

Optional. If you have one, please provide primary contact info for your Human Resources Department/Division. Otherwise, you may leave blank.

1. HR Name (Last, First): _____ 2. Title: _____
 3. HR Address (#, Street, Suite/Apt.): _____
 4. HR City, State, ZIP: _____
 5. HR Telephone #: _____ 6. HR E-mail: _____

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