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

Equipment Leasing Supplemental Form

Official City Use Only
Account Number: _____

NOTE: Please complete and attach to your business license application if you lease equipment or other assets within Union City.

APPLICANT INFORMATION:

Business Name/ DBA: _____

LEASING ACTIVITIES

Please complete for all leased equipment and other assets within Union City. Attach additional sheets if necessary.

Address of Leased Equipment: _____
Space Type: ☐ **Industrial** ☐ **Commercial** ☐ **Residential**
Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

Address of Leased Equipment: _____
Space Type: ☐ **Industrial** ☐ **Commercial** ☐ **Residential**
Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

Address of Leased Equipment: _____
Space Type: ☐ **Industrial** ☐ **Commercial** ☐ **Residential**
Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

Address of Leased Equipment: _____
Space Type: ☐ **Industrial** ☐ **Commercial** ☐ **Residential**
Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

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Business Name: _____ **Phone Number:** _____
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Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

Address of Leased Equipment: _____
Space Type: ☐ **Industrial** ☐ **Commercial** ☐ **Residential**
Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

Address of Leased Equipment: _____
Space Type: ☐ **Industrial** ☐ **Commercial** ☐ **Residential**
Business Name: _____ **Phone Number:** _____
Type of Leased Equipment: _____ **Annual Lease Rate:** _____

ACTIVITY LEVEL FOR BUSINESS TAX COMPUTATION

Estimated Annual Lease Income for All Leased Equipment in Union City: _____

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**