



Republic of the Philippines
Province of Quezon
Pagbilao – 4302



UNIFIED APPLICATION FORM FOR NEW BUSINESS PERMIT

Fiscal Year: _____

APPLICATION TYPE**PAYMENT MODE**

New	<input type="checkbox"/> Annually
Renewal	<input type="checkbox"/> Bi- annually
Additional	<input type="checkbox"/> Quarterly

TO BE FILLED-UP BPLO

Date of Receipt:	_____	
Tracking Number:	_____	
Business ID No.:	_____	
Remarks:	_____	

BUSINESS INFORMATION REGISTRATION

Please choose one Sole Proprietorship One Person Corporation Partnership Corporation Cooperative
 Male Female Male Female With Installed CCTV? Yes No

DTI/SEC/CDA Registration Number: _____ Tax Identification Number (TIN): _____

Business Name: _____

Trade Name/Franchise (If applicable): _____

MAIN OFFICE ADDRESS:

<u>House/Bldg No.:</u> _____	<u>Name of Bldg.:</u> _____	<u>Lot No.:</u> _____	<u>Block No.:</u> _____
<u>Street:</u> _____	<u>Barangay:</u> _____	<u>Subdivision:</u> _____	
<u>City/Municipality:</u> _____	<u>Province:</u> _____	<u>Zip Code:</u> _____	

<u>Telephone No.:</u> _____	<u>Mobile No.:</u> _____	<u>Email Address.:</u> _____
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(For Sole Proprietorship) Name of Owner	<u>Surname</u> _____	<u>Given Name</u> _____	<u>Middle Name</u> _____	<u>Suffix</u> _____
(For Corp./Part./Coop.) Name Of President/ Officer in Charge:	<u>Surname</u> _____	<u>Given Name</u> _____	<u>Middle Name</u> _____	<u>Suffix</u> _____

For Corporation: Filipino Foreign**BUSINESS OPERATION**

<u>Business Area (in sq.m.):</u> _____	<u>Total Number of Employees in Establishment</u> _____	<u>No of Employees Reading</u> _____	<u>Number of Delivery Vehicles (If applicable)</u> _____
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<u>Total Floor Area (in sq.m.):</u> _____	<u>Male:</u> _____	<u>Female:</u> _____	<u>Within Pagbilao:</u> _____	<u>Van/Truck:</u> _____	<u>Motorcycle:</u> _____
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 Same as Main Office Address

BUSINESS ADDRESS	<u>House/Bldg No.:</u> _____	<u>Name of Bldg.:</u> _____	<u>Lot No.:</u> _____	<u>Block No.:</u> _____
	<u>Street:</u> _____	<u>Barangay:</u> _____	<u>Subdivision:</u> _____	
	<u>City/Municipality:</u> _____	<u>Province:</u> _____	<u>Zip Code:</u> _____	

<u>Owned?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, tax Declaration No. _____ or Property Identification No. _____
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Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (please attach a copy of your certificate)	<input type="checkbox"/> No
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Business Activity (please check one): <input type="checkbox"/> Main office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (please specify) _____

Total Capital Investment (Paid up Capital + Lease Expenses + Equipments):

<u>Line of Business</u>	<u>Philippine Standard Industrial Code (if available)</u>	<u>Products/Services</u>	<u>No. Of Units</u>	<u>Capitalization</u>

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the Government of Pagbilao. Any false or misleading information supplied, or production of fake/ falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (*as defined under the Data Privacy law of 2021 and its Implementing Rules and Regulations*) and account transaction information or records with the Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE

Recommending Approval:

SUBSCRIBED AND SWORN TO BEFORE ME

this ____ day of _____ 20____ the applicant
exhibiting his/her Community Tax Certificate

ZOSIMO M. LUSTERIO

Asst. Treasurer/ BPLO

CTC No.: _____

Issued on: _____

Issued at: _____

HON. ANGELICA PORTES – TATLONGHARI

Municipal Mayor

VERIFICATION OF DOCUMENTS (Appropriate department shall fill-up this section)

DESCRIPTION	OFFICE AGENCY	COMPLIANCE			REMARKS	EVALUATED BY	DATE
		Y	N	NR			
<input type="checkbox"/> Land Tax Certification	Land Tax Division						
<input type="checkbox"/> Public Market Certificate	Public Market						
<input type="checkbox"/> Locational Clearance	Planning & Dev't. Office						
<input type="checkbox"/> Occupancy Permit (for new)	Engineering Office						
<input type="checkbox"/> Health and Sanitary Permit	Health Office						
<input type="checkbox"/> Tourism Clearance	Tourism Office						
<input type="checkbox"/> MENRO	MENRO						
<input type="checkbox"/> Veterinary Clearance	Veterinary Office						
<input type="checkbox"/> Fire Safety Inspection Certificate	Fire Department						
<input type="checkbox"/> SSS Clearance	SSS						
<input type="checkbox"/> Phil-Health Clearance	Phil-Health						
<input type="checkbox"/> Agricultural Clearance	Agriculture Office						

*Y – Yes *N – No *NR – Not Required

Supporting papers examined and verified:

Approval recommended by:

RECOMMENDATION & SUGGESTIONS

CLIENT FEEDBACK SECTION (Check “✓” the box which corresponds to your level of satisfaction)
 Excellent Very Satisfactory Satisfactory Needs Improvement Unsatisfactory

Comments and Suggestions

Note: Fill Up Only If Business Place is rented

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full Telephone/Mobile.:

Lessor's Email Address:

Monthly Rental:

CITY/MUNICIPALITY FIRE STATION SECTION

DATE: _____

APPLICATION NO.: _____

(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact No.: _____

Address of Establishment: _____

Signature of Applicant/Owner



Certified by:

Customer Relations Officer

Time and Date Received: _____

FIRE SAFETY INSPECTION

FEE ASSESSMENT:

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