



Republic of the Philippines  
Province of Quezon  
Pagbilao – 4302



## UNIFIED APPLICATION FORM FOR RENEWAL OF 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:**

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

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

For Corporation:  Filipino  Foreign**BUSINESS OPERATION**

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

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

Owned? <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) _____
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**Total Capital Investment (Paid up Capital + Lease Expenses + Equipments):**

Line of Business	Philippine Standard Industrial Code (if available)	Products/Services	No. Of Units	Last Year's Gross Sales/Receipts

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 CertificateZOSIMO M. LUSTERIO  
Asst. Treasurer/ BPLOCTC 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**


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**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: \_\_\_\_\_