



UNIFIED APPLICATION FORM FOR NEW BUSINESS PERMIT

Fiscal Year: \_\_\_\_\_

APPLICATION TYPE		PAYMENT MODE		TO BE FILLED-UP BPLO	
<input type="checkbox"/> New	<input type="checkbox"/> Annually	Date of Receipt: _____			
<input type="checkbox"/> Renewal	<input type="checkbox"/> Bi- annually	Tracking Number: _____			
<input type="checkbox"/> Additional	<input type="checkbox"/> Quarterly	Business ID No.: _____			
				Remarks: _____	

BUSINESS INFORMATION REGISTRATION

Please choose one

☐ Sole Proprietorship

☐ Male

☐ Female

☐ One Person Corporation

☐ Male

☐ Female

☐ Partnership

☐ Corporation

☐ Cooperative

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.: \_\_\_\_\_

(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) \_\_\_\_\_

Total Floor Area (in sq.m): \_\_\_\_\_Male: \_\_\_\_\_Female: \_\_\_\_\_Within Pagbilao: \_\_\_\_\_Van/Truck: \_\_\_\_\_Motorcycle: \_\_\_\_\_

☐ Same as Main Office Address

BUSINESS ADDRESS

House/Bldg No.: \_\_\_\_\_

Name of Bldg.: \_\_\_\_\_

Lot No.: \_\_\_\_\_

Block No.: \_\_\_\_\_

Street: \_\_\_\_\_

Barangay: \_\_\_\_\_

Subdivision: \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Owned? ☐ Yes ☐ NoIf Yes, tax Declaration No. \_\_\_\_\_ or Property Identification No.: \_\_\_\_\_

Do you have tax incentives from any Government Entity? ☐ Yes (please attach a copy of your certificate) ☐ No

Business Activity (please check one): ☐ Main office ☐ Branch Office ☐ Admin Office Only ☐ Warehouse ☐ Other (please specify) \_\_\_\_\_

Total Capital Investment (Paid up Capital + Lease Expenses + Equipments):				
Line of Business	Philippine Standard Industrial Code (if available)	Products/Services	No. Of Units	Capitalization

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 it 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:

ZOSIMO M. LUSTERIO  
Asst. Treasurer/ BPLO

SUBSCRIBED AND SWORN TO BEFORE ME  
this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_the applicant  
exhibiting his/her Community Tax Certificate

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				
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CLIENT FEEDBACK SECTION (Check “✓” the box which corresponds to your level of satisfaction)				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> 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: _____	
<div></div>	
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Signature of Applicant/Owner	
<div><input type="checkbox"/> Certified by: Customer Relations Officer Time and Date Received: _____</div>	<div>FIRE SAFETY INSPECTION FEE ASSESSMENT:</div>