



UNIFIED APPLICATION FORM FOR RENEWAL OF 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 ☐ 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.: _____

(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 ☐ No If 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	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 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

