



Republic of the Philippines
Office of the Mayor
Cebu City

PERMIT NO.: _____

Application Form for Business Permit TAX YEAR _____						
Instructions: 1. Provide accurate information and print legibly to avoid delays, incomplete application form will be returned to the applicant. 2. Ensure that all documents attached to this application form are complete and properly filled out.						
Please check (✓) applicable box: NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADDITIONAL <input type="checkbox"/>						
AMENDMENTS:		TRANSFER: <input type="checkbox"/> Location <input type="checkbox"/> Ownership		Mode of Payment:		
<input type="checkbox"/> From Single to Partnership		<input type="checkbox"/> From Partnership to Corporation		<input type="checkbox"/> Annual		
<input type="checkbox"/> From Single to Corporation		<input type="checkbox"/> From Corporation to Single		<input type="checkbox"/> Semi-Annually		
<input type="checkbox"/> From Partnership to Single		<input type="checkbox"/> From Corporation to Partnership		<input type="checkbox"/> Quarterly		
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative ____ Non-Stock/Non-Profit ____ Proprietary				CTC No. TIN:		
DTI/SEC/CDA Registration No:			DTI/SEC/CDA Date of Registration:			
Name of Taxpayer: <div>LAST NAMEFIRST NAMEMIDDLE NAME</div>						
Business Name:						
Tradename/ Franchise Name:						
Name of President/ Treasurer of Corporation <div>LAST NAMEFIRST NAMEMIDDLE NAME</div>						
Complete Business Address: <div>HOUSE NO./BLDG. NO.STREETBARANGAY</div>						
Complete Owner's Address: <div>HOUSE NO./BLDG. NO.STREETBARANGAY</div>						
Contact Number:			No. of Machineries: ____ Elevator ____ Escalator ____ Air conditioner ____ CCTVs		Area of Signboard/ Billboard (sq.m) <input type="checkbox"/> With Light <input type="checkbox"/> Without Light	
Business Area (In sq. m):	No. of Employees: ____ Manager ____ Supervisor ____ Cashier ____ Rank & File					
Place of Business: <input type="checkbox"/> Owned <input type="checkbox"/> Rented (If rented, please attach contract of lease)			Monthly Rental:			
Lessor's Name:						
Lessor's Address: <div>HOUSE NO./BLDG. NO.STREETBARANGAYCITY/MUNICIPALITY</div>						
Business Activity		No. of Units	Capitalization (for new business)	Gross Sales/ Receipts for the Last 3 Years		
Code	Line of Business			CY 20____	CY 20____	CY 20____
				Evaluated / Assessed by:		
ATTESTATION AND UNDERTAKING I undertake to comply with the regulatory requirements and other deficiencies within 30 days from the date of receipt of this application. I further undertake that any misrepresentation and falsification on this application form shall be sufficient ground for the immediate revocation of the business permit (if issued) and shall warrant the closure of my business establishment without further notice, except the closure order itself. Further, this is without prejudice to the filing of civil or criminal cases and other appropriate legal action against me and/or the company I represent and/or its representatives. By affixing my signature below, I hereby attest and certify—THAT I have fully understood the contents and my entries written / entered on this application; that my entries therein are true and correct, with full knowledge of my legal obligation to provide the truth therein; and THAT I shall faithfully abide by all the terms and conditions set forth herein and to strictly observe the existing laws, ordinances, policies, rules and regulations. Authority by the Owner: I hereby attest and certify— THAT the entries written / entered on this application are based upon my instructions and/or with the full authority of my company, as though these were my own acts or that of the company; and THAT the representative signing below is fully authorized to transact and submit this application, as well as receive notices and instructions therefor, for and in my behalf and/or that of the company;						
Name and Signature of the Authorized Representative Position: _____			Name and Signature of the Owner Position: _____			

Pls. draw the sketch at the back of the 1st page (BPLO's Copy).

LIST OF PROCEDURES & REQUIREMENTS
IN SECURING BUSINESS PERMIT

STEP I: EVALUATION and ASSESSMENT 1.1 Filled-out Application Form 1.2 DTI Certificate/ SEC and Articles of Incorporation with Secretary’s Certificate (NEW) 1.3 Financial Documents (RENEWAL) such as but not limited to: <u>Sales Journal; Certificate of Gross Sales issued by the Lessor (for Mall Tenants); Monthly/Quarterly VAT/ Percentage Returns; Annual Income Tax Return and Comparative Financial Statement of preceding year.</u> 1.4 Old Business Permit (RENEWAL) 1.5 Original Barangay Clearance w/ Official Receipt 1.6 Certificate of Property Holdings, if Lessor 1.7 Real Property Tax Clearance, if Owned 1.8 Contract of Lease, if Renting	STEP II: PAYMENT 2.1 Pay taxes & fees due and comply the regulatory requirements <i>*For NEW – after payment wait for the inspection of the Joint Inspection Team.</i>	STEP III: VERIFICATION and RELEASE 3.1 All requirements in Steps I and II. 3.2. CTC of Business and Employees 3.3 Sanitary Permit 3.4 Fire Safety Inspection Certificate 3.5 Occupational Permit 3.6 CCENRO Certificate 3.7 Joint Inspection Report (NEW) 3.8 Other Requirements as may be required by the <u>Joint Inspection Team</u> and/or <u>Verifier</u> depending on the nature of the business.
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Sketch of Business Address:

TO BE FILLED UP BY JOINT INSPECTION TEAM ONLY:

JOINT INSPECTION TEAM REPORT

INSPECTORS	REMARKS WITH DATE	NAME & SIGNATURE	DATE APPROVED
1. Zoning Department			
2. Office of the Building Official			
3. City Health Department			
4. Liquor Licensing Commission			
5. Bureau of Fire Department			
6. BPLO - Office of the Mayor			
7. City Treasurer’s Office			