

I. APPLICANT SECTION				
1. BASIC INFORMATION				
Business Type:		Mode of Payment:		
Date of Application:		DTI/SEC/CDA Registration No:		
TIN NO:		Date of Registration:		
Type of Business:				
Ammendment: <b>From:</b> <b>To:</b>				
Are enjoying tax incentive from any Government Entity?:				
Name of Taxpayer / Registrant				
Last Name:		First Name:		Middle Name:
Business Name:				
Trade Name/ Franchise:				
2. OTHER INFORMATION Note: For renewal application do not fill up this section unless certain information have changed.				
Business Address:				
Postal Code:		Email address:		
Telepon No:		Mobile No:		
Owner's Addresss:				
Postal Code:		Email Address:		
Telepon No:		Mobile No:		
Incase of Emergency, provide name of contact person:				
Telepon/Mobile No:		Email Address:		
Business Area (in sq m.):		Total No. of Employees in Establishment: <b>MALE:</b> <b>FEMALE:</b>		No. of Employees Residing within LGU:
Note: Fill Up only if Business Place is Rented				
Lessor's Full Name:				
Lessor's Full Address:				
Lessor's Full Telephone/ Mobile No.:				
Lessor's Email Address::				
Monthly Rental:				
3. BUSINESS ACTIVITY				
Gross/Sales Receipts (for renewal)				
Line Business	No. of Units	Capitalization (for Business)	Essential	Non-Essential

II. LGU SECTION (Do not fill up this section)				
1. VERIFICATION OF DOCUMENTS				
Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Office of the Building Official			
Zoning (New and Renewal)	Municipal Planning & Dev't. Office			
Barangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	Municipal Health Office			
Municipal Environmental Clearance	Municipal Environment Office			
Market Clearance (For Stall Holders)	Office of the Market Supervisor			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Registration/Verification (For River Tanab, Oyster Culture and Floating Fish Cage Operator)	Municipal Agriculture Office			
Verified by: BPLO _____				
2. ASSESSMENT OF APPLICABLE FEES				
Local Taxes	Amount	Penalty/Surcharge	Total	
Gross Sales Tax				
Tax on Delivery Vans/Trucks				
Tax on Storage for Combustible/Flammable or Explosive Substances				
Tax on Signboard/Billboards				
REGULATORY FEES AND CHARGES				
Mayor's Permit Fee				
Garbage Charges				
Delivery Trucks/Vans Permit Fee				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Mechanical Inspection Fee				
Plumbing Inspection Fee				
Signboard/Billboard Renewal Fee				
Storage and Sale of Combustible/Flammable or Explosive Substance				
Others				
TOTAL FEES for LGU				
FIRE SAFETY INSPECTION FEE (15%)				
Assessed by: MTO _____		FSIF Assessment Approved by: BFP _____		
III. CITY/MUNICIPALITY FIRE STATION SECTION				
APPLICATION NO.: _____		DATE:_____		
(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:				
<div><input type="checkbox"/></div>				
Certified by:				
Customer Relations Officer				
Time and Date Received:_____				



Republic of the Philippines  
Province of Negros Occidental  
MUNICIPALITY OF HINIGARAN  
OFFICE OF THE MAYOR

FOR THE YEAR 2025

BUSINESS TYPE:

NAME OF APPLICANT : \_\_\_\_\_  
BUSINESS NAME (if any) : \_\_\_\_\_  
BUSINESS ADDRESS : \_\_\_\_\_  
CONTACT NO. : \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE APPLICANT HAS COMPLIED WITH THE REQUIREMENTS FOR THE ISSUANCE OF BUSINESS PERMIT. FOR DOCUMENTARY REQUIREMENTS DEFICIENCY, THE ABOVE APPLICANT IS WILLING TO RECTIFY SAID DEFICIENCY ON DATE PROMISED.

<b>1. ZONING ORDINANCE</b> Action Taken: <b>APPROVED:</b> _____ <b>APPROVED WITH CONDITIONS:</b> _____ <b>DENIED:</b> _____  Remarks: _____	<u>Conditions/Documentary Deficiency:</u> 1 2 3 4 5
ENGR. FERDINAND GABRIDO Municipal Planning & Development Office (MPDO)	
<b>2. FITNESS FOR OCCUPANCY (National Building Code (P.D. 1096) ON PUBLIC SAFETY</b> Action Taken: <b>APPROVED:</b> _____ <b>APPROVED WITH CONDITIONS:</b> _____ <b>DENIED:</b> _____  Remarks: _____	<u>Conditions/Documentary Deficiency:</u> 1 2 3 4 5
ENGR. FERDINAND GABRIDO Municipal Planning & Development Office (MPDO)	
<b>3. SOLID WASTE MANAGEMENT/ENVIRONMENT</b> Action Taken: <b>APPROVED:</b> _____ <b>APPROVED WITH CONDITIONS:</b> _____ <b>DENIED:</b> _____  Remarks: _____	<u>Conditions/Documentary Deficiency:</u> 1 2 3 4 5
ANECITO MUNOZ Municipal Environment Office / Solid Waste Management	
<b>4. SANITATION CODE OF THE PHILIPPINES (P.D. 865)</b> Action Taken: <b>APPROVED:</b> _____ <b>APPROVED WITH CONDITIONS:</b> _____ <b>DENIED:</b> _____  Remarks: _____	<u>Conditions/Documentary Deficiency:</u> 1 2 3 4 5
DR. REYMAN PEREZ Municipal HEALTH Office	
<b>5. PUBLIC MARKET</b> Action Taken: <b>APPROVED:</b> _____ <b>APPROVED WITH CONDITIONS:</b> _____ <b>DENIED:</b> _____  Remarks: _____	<u>Conditions/Documentary Deficiency:</u> 1 2 3 4 5
Mr. RYAN LAGTAPON Market Supervisor	
<b>6. AGRICULTURE OFFICE</b> Action Taken: <b>APPROVED:</b> _____ <b>APPROVED WITH CONDITIONS:</b> _____ <b>DENIED:</b> _____  Remarks: _____	<u>Conditions/Documentary Deficiency:</u> 1 2 3 4 5
Mrs. GRACE ARIOLA	

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FOR THE YEAR 2025

BUSINESS TYPE:

NAME OF APPLICANT : \_\_\_\_\_  
BUSINESS NAME (if any) : \_\_\_\_\_  
BUSINESS ADDRESS : \_\_\_\_\_  
CONTACT NO. : \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE APPLICANT HAS COMPLIED WITH THE REQUIREMENTS FOR THE ISSUANCE OF BUSINESS PERMIT.  
FOR DOCUMENTARY REQUIREMENTS DEFICIENCY, THE ABOVE APPLICANT IS WILLING TO RECTIFY SAID DEFICIENCY ON DATE PROMISED.

1. ZONING ORDINANCE	<u>Conditions/Documentary Deficiency:</u>
Action Taken: APPROVED: _____	1
APPROVED WITH CONDITIONS: _____	2
DENIED: _____	3
	4
	5
Remarks: _____	
ENGR. FERDINAND GABRIDO Municipal Planning & Development Office (MPDO)	

2. FITNESS FOR OCCUPANCY (National Building Code (P.D. 1096) ON PUBLIC SAFETY	<u>Conditions/Documentary Deficiency:</u>
Action Taken: APPROVED: _____	1
APPROVED WITH CONDITIONS: _____	2
DENIED: _____	3
	4
	5
Remarks: _____	
ENGR. FERDINAND GABRIDO Municipal Planning & Development Office (MPDO)	

3. SOLID WASTE MANAGEMENT/ENVIRONMENT	<u>Conditions/Documentary Deficiency:</u>
Action Taken: APPROVED: _____	1
APPROVED WITH CONDITIONS: _____	2
DENIED: _____	3
	4
	5
Remarks: _____	
ANECITO MUNOZ Municipal Environment Office / Solid Waste Management	

4. SANITATION CODE OF THE PHILIPPINES (P.D. 865)	<u>Conditions/Documentary Deficiency:</u>
Action Taken: APPROVED: _____	1
APPROVED WITH CONDITIONS: _____	2
DENIED: _____	3
	4
	5
Remarks: _____	
DR. REYMAN PEREZ Municipal HEALTH Office	

5. PUBLIC MARKET	<u>Conditions/Documentary Deficiency:</u>
Action Taken: APPROVED: _____	1
APPROVED WITH CONDITIONS: _____	2
DENIED: _____	3
	4
	5
Remarks: _____	
Mr. RYAN LAGTAPON Market Supervisor	

6. AGRICULTURE OFFICE	<u>Conditions/Documentary Deficiency:</u>
Action Taken: APPROVED: _____	1
APPROVED WITH CONDITIONS: _____	2
DENIED: _____	3
	4
	5
Remarks: _____	
Mrs. GRACE ARIOLA	