

# APPLICATION FORM FOR BUSINESS PERMIT

## I. APPLICANT SECTION

### 1. BASIC INFORMATION

NEW	RENEWAL	Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly
Date of Application:	TIN No.:	DTI/SEC/CDA Registration No.:
<del>Date of Registration:</del> _____		
Type of Business: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		
Amendment: From _____ To _____		
Are enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____		
Name of Taxpayer / Registrant		
Last Name: _____ First Name: _____ Middle Name: _____		
Business Name: _____		
Trade Name / Franchise: _____		

### 2. OTHER INFORMATION

Business Address: _____		
Postal Code: _____	Email Address: _____	
Telephone No.: _____	Mobile No.: _____	
Owner's Address: _____		
Postal Code: _____	Email Address: _____	
Telephone No.: _____	Mobile No.: _____	
In case of emergency, provide name of contact person: _____		
Telephone / Mobile No.: _____ Email Address: _____		
Business Area (in sq. m.): _____ Total No. of Employees in Establishment		
MALE: _____ FEMALE: _____ No. of Employees residing within LGU: _____		

### 3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization	Gross Sales Receipts (for Renewal)

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records.  
Further, I agree to comply with regulatory requirements and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME  
POSITION / TITLE

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### 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 Certificate	Municipal Environment Office			
Market Clearance (For Stall Holders)	Office of the Market Supervisor			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Registration/Verification (River Tanab, Oyster Culture and Floating Fish Cage Operator)	Municipal Engineering Office			

#### 2. ASSESSMENT OF APPLICABLE FEES

Local Taxes / Regulatory Fees and Charges	Amount	Penalty / Surcharge	Total

### III. CITY/MUNICIPALITY FIRE STATION SECTION

Application No.: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_