

APPLICATION FORM FOR BUSINESS PERMIT

I. APPLICANT SECTION

1. BASIC INFORMATION

NEW	RENEWAL	Mode of Payment: [] Annually [] Semi-Annually [] Quarterly		
Date of Application:	<input checked="" type="text"/> NEW	TIN No.:	semi-annually	DTI/SEC/CDA Registration No.:
Date of Registration:	<input type="text"/> 12/24/1987	Iusto dolorem irure		
Type of Business:	[] Single <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	12/15/2013		
Amendment: From	To	single		
No				
Are enjoying tax incentive from any Government Entity? [] Yes [] No Please specify: _____				
Name of Taxpayer / Registrant Last Name: <input type="text"/> Russell Wynn		Ge	Chris	Pa
				Middle Name: <input type="text"/>
Reece Dickerson				
Business Name: _____				
Trade Name / Franchise: _____				

2. OTHER INFORMATION

Business Address:	<input type="text"/> kuhaz@mailinator.com		
Postal Code:	+1 (682) 231 4135	Email Address:	<input type="text"/>
Telephone No.:	Voluptates facere	Mobile No.:	<input type="text"/>
Owner's Address:	<input type="text"/> jolyduda@mailinator.com		
Postal Code:	+1 (202) 632 4546	Email Address:	<input type="text"/> Eveniet ipsam impedit
Telephone No.:	Athena Ayala	Mobile No.:	<input type="text"/>
In case of emergency, provide Name of contact person:	<input type="text"/> pygenihy@mailinator.com		
Telephone / Mobile No.:	Aut quam aliqua Nob	Email Address:	<input type="text"/>
Business Area (in sq. m.): _____ Total No. of Employees in Establishment			
MALE:	<input type="text"/>	FEMALE:	<input type="text"/> No. of Employees residing within LGU: _____

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization	Gross Sales Receipts (for Renewal)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

APPLICATION FORM FOR BUSINESS PERMIT

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			X
Zoning (New and Renewal)	Municipal Planning & Dev't Office			X
Barangay Clearance (For Renewal)	Barangay			X
Sanitary Permit/Health Clearance	Municipal Health Office			X
Municipal Environmental Certificate	Municipal Environment Office			X
Market Clearance (For Stall Holders)	Office of the Market Supervisor			X
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			X
Registration/Verification (River Tanab, Oyster Culture and Floating Village Operators)	Municipality Operator 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: _____