

# APPLICATION FORM FOR BUSINESS PERMIT

## I. APPLICANT SECTION

### 1. BASIC INFORMATION

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

### 2. OTHER INFORMATION Est similique ad non

Business Address: _____	kuhaz@mailinator.com
Postal Code: +1 (683) 231-4135	Email Address: _____
Telephone No.: Voluptates facere	Mobile No.: _____
Owner's Address: _____	jolyduda@mailinator.com
Postal Code: +1 (203) 632-4546	Email Address: Eveniet ipsam imped
Telephone No.: Athena Ayala	Mobile No.: _____
In case of emergency, provide name of contact person: _____	pygenihy@mailinator.com
Telephone / Mobile No.: Aut quam aliqua Nob	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			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 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: \_\_\_\_\_