

APPLICATION FORM FOR BUSINESS PERMIT

I. APPLICANT SECTION

1. BASIC INFORMATION

NEW	RENEWAL	Mode of Payment: [] Annually [] Semi-Annually [] Quarterly
Date of Application:		TIN No.:
DTI/SEC/CDA Registration No.: Date of Registration: _____		
Type of Business: [] Single [] Partnership [] Corporation [] Cooperative		
Amendment: From _____ To _____		
Are enjoying tax incentive from any Government Entity? [] Yes [] 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 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: _____