

MUNICIPALITY OF SABANGAN
APPLICATION FORM FOR BUSINESS PERMIT

INSTRUCTIONS:

- Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
- Ensure that all documents attached to this form (if any) are complete and properly filled out.

I. APPLICANT SECTION**1. BASIC INFORMATION**

{appNewBox} New {appRenewalBox} Renewal	Mode of Payment: {payAnnuallyBox} Annually {paySemiAnnuallyBox} Semi-Annually {payQuarterlyBox} Quarterly		
Date of Application:{dateOfApplication}	DTI/SEC/CDA Registration No.: {registrationNo}		
TIN: {tin}	DTI/SEC/CDA Registration Date: {registrationDate}		
Type of Business:	{typeSingleBox} Single	{typePartnershipBox} Partnership	{typeCorporationBox} Corporation
Amendment: From	{amendFromSingleBox} Single	{amendFromPartnershipBox} Partnership	{amendFromCorporationBox} Corporation
To	{amendToSingleBox} Single	{amendToPartnershipBox} Partnership	{amendToCorporationBox} Corporation

Name of Taxpayer / Registrant: {taxpayerRegistrant}

Last Name: {lastName} First Name: {firstName} Middle Name: {middleName}

Business Name/Corporate Name: {businessName}

Trade Name / Franchise (If applicable): {tradeName}

2. OTHER INFORMATION

Business Address: {businessAddress}	Postal Code: {businessPostalCode}
Mobile No.: {businessMobile}	Email Address: {businessEmail}
Owner's Address: {ownerAddress}	Postal Code: {ownerPostalCode}
Mobile No.: {ownerMobile}	Email Address: {ownerEmail}
In case of emergency, Name of contact person: {emergencyContactName}	Mobile No.: {emergencyMobile}
Total No. of Employees in Establishment: {totalEmployees}	Total No. of Female Employees: {femaleEmployees}

Note: Fill Up Only If Business Place Is Rented.

Lessor's Full Name: {lessorName}

Are you enjoying tax incentive from any Government Entity? {taxIncentiveYesBox} Yes {taxIncentiveNoBox} No Please specify the entity

3. BUSINESS ACTIVITY

Line of Business	No. of Units (for Tricycle)	Capitalization (for New Business)	Gross/Sales Receipts (for Renewal)
{#activities}{lineOfBusiness}	{noOfUnits}	{capitalization}	{grossSalesReceipts}{/activities}

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 the regulatory requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE

II. LGU SECTION (Do Not Fill Up This Section)**1. VERIFICATION OF DOCUMENTS**

REQUIREMENTS	FOR	Office/Agency	Yes	No	Not Needed
DTI/SEC/CDA Registration	New	DTI/SEC/CDA			
Police Clearance	New/Renewal	PNP			
Barangay Clearance	New/Renewal	Barangay			
Zoning Certificate	New	Mun. Planning and Dev. Office			
Notarized Sworn Statement of Capital/Gross Receipt	New/Renewal	Mayor's Office			
Application Form	New/Renewal	Mayor's Office			

Official Receipt of Payment of Fees	New/Renewal	Mun. Treas. Office		
Community Tax Certificate	New/Renewal	Mun. Treas. Office		
Fire Safety Inspection certificate	New/Renewal	Bureau of Fire Protection		
Sanitary Permit	New/Renewal	Municipal Health Office		
Food Handler's Certificate (café, restaurant, snack house, bakeshop)	New/Renewal	Municipal Health Office		
Health Certificate (massage, barber & beauty shop)	New/Renewal	Municipal Health Office		
Tax clearance showing that the operator has paid all tax obligation in the municipality	New	Mun. Treas. Office		
Certificate of tax exemption from local taxes or fees, if exempt	Renewal	Mun. Treas. Office		
Mayor's clearance	New/Renewal	Mayor's Office		
Others:				

Verified by:

GRACIOSA B. TOMAS

BPLO Designate

2. ASSESSMENT OF APPLICABLE FEES

LOCAL TAXES	Amount	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans / Trucks (Tricycle)			
Tax on Storage for Combustible/Flammable of Explosive Substance			
Tax on Signboard / Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
-			
-			
-			
-			
-			
Mayor's Clearance Fee			
Sanitary Inspection Fee			
Delivery Trucks/Vans Permit Fee			
Garbage Charges			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
D.S.T.			
Signboard/(business Plate)			
Storage and Sale of Combustible / Flammable or Explosive Substance			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE			
	GRAND TOTAL		

Assessed by:

Approved by:

MARY C. KIDIT

Municipal Treasurer

SIGNATURE OVER PRINTED NAME

III. MUNICIPALITY FIRE STATION SECTION

DATE: _____

APPLICATION NO.: _____

Name of Applicant/Owner: {taxpayerRegistrant}

Name of Business: {businessName}

Contact No.: {businessMobile}

Address of Establishment: {businessAddress}

FSIF Assessment by:

SIGNATURE OVER PRINTED NAME

Important Notice: As per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection