



**REPUBLIC OF THE PHILIPPINES  
CITY OF TAGUIG  
BUSINESS PERMITS AND LICENSING OFFICE (BPLO)**

2nd Floor Taguig City Hall, Gen. Luna St., Tuktukan, City of Taguig 1637  
9th Floor Taguig City Hall Satellite Office, SM Aura Tower, 26th Street cor. McKinley Parkway,  
Bonifacio Global City, Fort Bonifacio, City of Taguig 1634



DATE

## UNIFIED BUSINESS PERMIT APPLICATION FORM

<input type="checkbox"/> NEW	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> Change Address	<input type="checkbox"/> Additional Line of Business
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Change Area	<input type="checkbox"/> Others (Please specify): _____	
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Change Name		

Mode of Payment:	Delivery Options:		
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> Pick-Up	<input type="checkbox"/> Courier	
<input type="checkbox"/> BI-ANNUAL	Payment Options:		
<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> Cash/Check	<input type="checkbox"/> Card	<input type="checkbox"/> eWallet

### BUSINESS INFORMATION AND REGISTRATION

LCN

Please choose one:

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> ONE PERSON CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	

DTI TRN or BNN/SEC or CDA Registration Number

DATE ISSUED: (mm/dd/yyyy)

Tax Identification Number (TIN)

Taxpayer/Corporate Name SURNAME FIRST NAME MIDDLE NAME SUFFIX

Trade Name/Franchise (if applicable)

Office Address UNIT NO. HOUSE/FLOOR. NO. NAME OF BUILDING

STREET BARANGAY CITY ZIP CODE

Business Area Total Floor Area (sq.m)		Property owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, PIN or TD Number:	If No, term of lease (mm/dd/yyyy):
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Number of employees in establishment	Male	Female	Number of employees residing in Taguig	Male	Female	Delivery Vehicles	Van/Truck	Motorcycle	Other
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### BUSINESS CONTACTS

Authorized Representative	SURNAME			FIRST NAME			MIDDLE INITIAL	SUFFIX
Position	Telephone Number			Mobile Number			Email Address	
Designated Safety Officer	SURNAME			FIRST NAME			MIDDLE NAME	SUFFIX
Telephone Number	Mobile Number			Email Address				

### BUSINESS ACTIVITY

Office Classification Check applicable classification  
 Main/Principal/Head Office    Branch    Administrative Office    Sales Office    Showroom    Virtual Office    Warehouse

Do you have tax incentives from any Government Entity?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes (Please select applicable tax incentive/s and attach a copy of your certificate)							
	<input type="checkbox"/> BOI If BOI, select one: <input type="checkbox"/> Pioneer <input type="checkbox"/> Non-pioneer	<input type="checkbox"/> PEZA If PEZA, type of incentive: _____	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Inventor	<input type="checkbox"/> Non-stock non-profit: Educational, Charitable, or Religious	<input type="checkbox"/> Regional Operating Headquarters	<input type="checkbox"/> Regional or Area Headquarters	<input type="checkbox"/> Representative Office

LINE OF BUSINESS	NATURE OF BUSINESS	PHILIPPINE STANDARD INDUSTRIAL CODE (If Applicable)	NO. OF UNITS	CAPITALIZATION OR PRECEDING CALENDAR YEAR GROSS SALES/RECEIPTS

This is an optional section.  
Use this space to provide  
additional information about  
your business:

(Please attach additional Unified Application Form/s if necessary)

Other Business Activity (Please check one):

<input type="checkbox"/> Designated Smoking and Vaping Area	<input type="checkbox"/> Retail Cigarette	<input type="checkbox"/> License to Serve Liquor till 10:00pm	<input type="checkbox"/> Qualification Fee
<input type="checkbox"/> License to Sell Liquor	<input type="checkbox"/> Retail Softdrinks	<input type="checkbox"/> License to Serve Liquor till 2:00am	<input type="checkbox"/> Accreditation Fee
<input type="checkbox"/> Retailer	<input type="checkbox"/> Wholesaler		

I DECLARE AND AFFIRM that all information in the application are true and correct based on my personal knowledge and authentic records submitted to the City of Taguig. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulations) and account transaction information or records with the City of Taguig may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

I further undertake to allow a duly authorized inspector of the City to conduct ocular inspections of my establishment to ensure faithful compliance to any regulatory measures and post inspection requirements. In case of violation or non-compliance, it will result in the closure or if warranted the revocation of the business permit of the establishment without need of an Executive Order.

Signature of the Proprietor/Representative over printed name

Designation and Date