



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

☐ NEW

☐ RENEWAL

☐ TRANSFER

☐ AMENDMENT

☐ Change Address

☐ Change Area

☐ Change Name

☐ Additional Line of Business

☐ Others (Please specify: _____)

Mode of Payment:

☐ ANNUAL

☐ BI-ANNUAL

☐ QUARTERLY

Delivery Options:

☐ Pick-Up

☐ Courier

Payment Options:

☐ Cash/Check

☐ Card

☐ eWallet

BUSINESS INFORMATION AND REGISTRATION

LCN

Please choose one:

☐ SOLE PROPRIETORSHIP

☐ ONE PERSON CORPORATION

☐ PARTNERSHIP

☐ COOPERATIVE

☐ CORPORATION

☐ MALE

☐ FEMALE

☐ MALE

☐ 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?

☐ Yes

☐ No

If Yes, PIN or TD Number:

Male

Female

If No, term of lease (mm/dd/yyyy):

Van/Truck

Motorcycle

Other

Number or employees in establishment

Male

Female

Number or employees residing in Taguig

Male

Female

Delivery Vehicles

Van/Truck

Motorcycle

Other

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

☐ Virutal Office

☐ Warehouse

Do you have tax incentives from any Government Entity?

☐ Yes

☐ No

If Yes (Please select applicable tax incentive/s and attach a copy of your certificate)

☐ BOI

If BOI, select one:

☐ Pioneer

☐ Non-pioneer

☐ PEZA

If PEZA, type of incentive: _____

☐ Cooperative

☐ Regional Operating Headquarters

☐ Inventor

☐ Regional or Area Headquarters

☐ Non-stock non-profit: Educational, Charitable, or Religious

☐ Representative Office

Date registered (mm/dd/yyyy): _____

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):

☐ Designated Smoking and Vaping Area

☐ License to Sell Liquor

☐ Retailer

☐ Wholesaler

☐ Retail Cigarette

☐ Retail Softdrinks

☐ License to Serve Liquor till 10:00pm

☐ License to Serve Liquor till 2:00am

☐ Qualification Fee

☐ Accreditation Fee

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