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| Republic of the Philippines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Province of Cebu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City of Naga | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Year 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application No. : 043-12-001-0010-06-2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | New | | | | | | | | | | | | | | | | | | |  | Amendment: | | | | | | | | | | | | | | | | | Mode of Payment | | | | | | | |
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|  | | X | Renewal | | | | | | | | | | | | | | | | | | |  | From : | | | | | | | | | | | | | | | | | X | Anually | | | | | | |
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|  | |  | Additional | | | | | | | | | | | | | | | | | | |  | To : | | | | | | | | | | | | | | | | |  | Bi-Anually | | | | | | |
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|  | |  | Transfer: | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  | Quarterly | | | | | | |
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|  | |  | Ownership : | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Application: | | | | | | | | | | 2019-06-28 | | | | | | | | | DTI/SEC/CDA Registration No: | | | | | | | | | | |  | | | | | | | | | | | | CTC No: | | | |  | |
| Reference No: | | | | | | | | | |  | | | | | | | | | DTI/SEC/CDA Date of Registration: | | | | | | | | | | |  | | | | | | | | | | | | TIN:  SSS: | | | | 12-1234567899 | |
| Type of Organization : Single Proprietorship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you enjoying tax incentive from any Government Entity? | | | | | | | | | | | | | | | | | | | | | | | | | | ( | |  | ) yes ( | | | X | | | | | ) no Please specify the entity: | | | | | | | | | |  |
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| **Name of Taxpayer :** | | | | | | | | | | | LEE, CALEB BRYNTH S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Name :** | | | | | | | | | LeeNgkod`s Carenderia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Trade Name / Franchise :** | | | | | | | | | | | | | | | | LeeNgkod`s Carenderia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of President/Treasurer of Corporation :** | | | | | | | | | | | | | | | | | | | | | LEE, CALEB BRYNTH S | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Address** | | | | | | | | | | | | | | | | | | | | | | | | | **Owner's Address** | | | | | | | | | | | | | | | | | | | | | | |
| House No./Bldg. No. : | | | | | | | | | | | | | |  | | | | | | | | | | | House No./Bldg. No. : | | | | | | | | | | | | | |  | | | | | | | | |
| Building Name : | | | | | | | |  | | | | | | | | | | | | | | | | | Building Name : | | | | | | | |  | | | | | | | | | | | | | | |
| Unit No. : | | | | |  | | | | | | | | | | | | | | | | | | | | Unit No. : | | | | |  | | | | | | | | | | | | | | | | | |
| Street : | | | | |  | | | | | | | | | | | | | | | | | | | | Street : | | | | |  | | | | | | | | | | | | | | | | | |
| Barangay : | | | | | Alfaco | | | | | | | | | | | | | | | | | | | | Barangay : | | | | | Alfaco | | | | | | | | | | | | | | | | | |
| Subdivision : | | | | |  | | | | | | | | | | | | | | | | | | | | Subdivision | | | | |  | | | | | | | | | | | | | | | | | |
| City/Municipality : | | | | | | | | | City of Naga | | | | | | | | | | | | | | | | City/Municipality : | | | | | | | | | | | City of Naga | | | | | | | | | | | |
| Province : | | | | Cebu | | | | | | | | | | | | | | | | | | | | | Province : | | | | | Cebu | | | | | | | | | | | | | | | | | |
| Contact No. : | | | | |  | | | | | | | | | | | | | | | | | | | | Contact No. : | | | | | |  | | | | | | | | | | | | | | | | |
| Email Address : | | | | | | |  | | | | | | | | | | | | | | | | | | Email Address : | | | | | | | | | | |  | | | | | | | | | | | |
| Property Index Number (PIN) : | | | | | | | | | | | | | | | | | |  | | | | | | | # of Employees Residing in LGU : | | | | | | | | | | | | | | | | | 0 | | | | | |
| Business Area (in sq m) : | | | | | | | | | | | | | | | | | 20.00 | | | | | | | | Total No. of Employees in Establishment : | | | | | | | | | | | | | | | | | | | 2 | | | |
| No of Delivery Units : | | | | | | | | | | | | | | | | | 0 | | | | | | | | Male : 1 | | | | | | | | | | | | | | | Female : 1 | | | | | | | |
| If Place of Business is Rented, please identify the following : **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lessor's Name** | | | | | |  | | | | | | | | | | | | | | | | | | | Monthly Rental: | | | | | | | | | | | | 0 | | | | | | | | | | |
| **Lessor's Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House No./Bldg. No. : | | | | | | | | | | | | | | |  | | | | | | | | | | Subdivision : | | | | | | | | | | | |  | | | | | | | | | | |
| Street : | | | |  | | | | | | | | | | | | | | | | | | | | | City/Municipality : | | | | | | | | | | | |  | | | | | | | | | | |
| Barangay : | | | |  | | | | | | | | | | | | | | | | | | | | | Province : | | | | | | | | |  | | | | | | | | | | | | | |
| Tel No. : | | | |  | | | | | | | | | | | | | | | | | | | | | Email Address : | | | | | | | | |  | | | | | | | | | | | | | |
| In case of Emergency : | | | | | | | | | | | | | **@emer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Activity:** | | | | | | | | | | | | **Main Office** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Line of Business** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Capital** | | | | | | | | **Gross Sales** | | | | | |
| Carenderia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | | | | | | | | 20,000.00 | | | | | |
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| ***Oath of Undertaking:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the Business Permit.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIGNATURE OF APPLICANT OVER PRINTED NAME: | | | | | | | | | | | | | | | | | | | | | | | | | POSITION/TITLE: | | | | | | | | | | | | | | | | | | | | | | |
| Annex 1 (Page 2 of 2): Application Form Business Permit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. VERIFICATION OF DOCUMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description** | | | | | | | | | | | | | | | | | | **Department/Office Agency** | | | | | | | | | **Date Issued** | | | | | **Verified By:(BPLO Staff)** | | | | | | | | | | | | | | | |
| Barangay Clearance | | | | | | | | | | | | | | | | | | Barangay Hall | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| OLD BUSINESS PERMIT | | | | | | | | | | | | | | | | | | Business Permits And Licensing | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Judge Clearance | | | | | | | | | | | | | | | | | | Court | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Community Tax Certificate - Individual | | | | | | | | | | | | | | | | | | Treasury | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Certified True Copy of Tax Declaration | | | | | | | | | | | | | | | | | | Assessor | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | |
| Business Zoning | | | | | | | | | | | | | | | | | | Planning and Development | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Locational Clearance | | | | | | | | | | | | | | | | | | Planning and Development | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Annual Inspection | | | | | | | | | | | | | | | | | | Engineering | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Sanitary Permit | | | | | | | | | | | | | | | | | | Rural Health Unit | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Fire Safety Inspection | | | | | | | | | | | | | | | | | | Fire Station | | | | | | | | | 2019-06-28 | | | | | Emily L. Alferez | | | | | | | | | | | | | | | |
| BIR Certificate | | | | | | | | | | | | | | | | | | BIR | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
| Police Clearance | | | | | | | | | | | | | | | | | | Philippine National Police | | | | | | | | | 2019-06-28 | | | | | Kelvin Ray L. Ababa | | | | | | | | | | | | | | | |
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| **I. BUREAU OF FIRE STATION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Tracking No :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (TO BE FILL UP BY APPLICAT/OWNER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NAME OF APPLICANT/OWNER:** LEE, CALEB BRYNTH S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF BUSINESS:** LeeNgkod`s Carenderia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TOTAL FLOOR AREA:** 20.00 | | | | | | | | | | | | | | | | | | | | | | | | **CONTACT NO:** | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDRESS OF ESTABLISHMENT:** Alfaco | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Signature of Applicant/Owner | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ASSESSMENT FEE | | | | | | |  | | |
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| Certified By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer Relation Officer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time and Date Received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Instructions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Ensure that all documents attached to this application form are complete and properly filled out. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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