



Application Form for Business Permit
TAX YEAR: 2022



<input type="checkbox"/> New	<input type="checkbox"/> Amendment	Mode of Payment <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly
<input type="checkbox"/> Renewal	<input type="checkbox"/> From Single to Partnership	
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation	
<input type="checkbox"/> Special Permit	<input type="checkbox"/> From Partnership to Single	
<input type="checkbox"/> Transfer	<input type="checkbox"/> From Partnership to Corporation	
<input type="checkbox"/> Ownership	<input type="checkbox"/> From Corporation to Single	
<input type="checkbox"/> Location	<input type="checkbox"/> From Corporation to Partnership	
Date of Application:		DTI/SEC/CDA Registration No.:
Reference No./Business Account No.:		DTI/SEC/CDA date of Registration:
Kind of Organization:		TIN:
Are you enjoying tax incentive from any Government Entity? () YES () NO (Please specify the entity):		

Name of Taxpayer:		
Last Name:	First Name:	Middle Name:
Business Name:		
Trade Name/Franchise:		
Name of President/Treasurer of Corporation/Branch Manager:		
Last Name:	First Name:	Middle Name:

Business Address	Owner's Address	Needed Information for Police Clearance	
House No. Bldg. No.:	House No. Bldg. No.:	Date of Birth:	
Building Name:	Building Name:	Place of Birth:	
Unit No.:	Unit No.:	Age:	Sex:
Street:	Street:	Civil Status:	
Barangay:	Barangay:	Citizenship:	
Subdivision:	Subdivision:	Height:	
City/Municipality:	City/Municipality:	Weight:	
Province:	Province:	Distinguishing Mark:	
Tel. No./Cel. No.:	Tel. No./Cel. No.:		
Email Address:	Email Address:		

Property Index Number (PIN):				
Business in Area (in sq.m.):	Number of Delivery Vehicle	No. of Employees in Establishment	<i>Male</i>	<i>Female</i>
	Truck/Van: _____	<i>Vigan Residents:</i>	_____	_____
	Motorcycle/Tricycle: _____	<i>Outside Vigan Residents:</i>	_____	_____

If Place of Business is Rented, please identify the Following (Name of Lessor):			
Last Name:	First Name:	Middle Name:	Monthly Rental:

Business Activity					
Code	Line of Business	No. of Units	Capitalization (for new business)	Gross Sales / Receipts (for renewal)	
				Essential	Non-essential

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION/TITLE

For corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form.
In case of any authorized representative, kindly present the authorization letter signed by the identified responsible person of the corporation.

Application Form for Business
Application No. _____

VERIFICATION OF DOCUMENTS			
Description	Office/Agency	Date Issued	Verified By
Barangay Clearance	Barangay		
Zoning Clearance	Zoning Admin.		
Sanitary / Health Certificate	City Health Office ✓		
Occupancy Permit (New) / Annual Inspection Certificate (Renewal)	Building Official / City Engineering Office ✓		
Fire Safety Inspection Certificate	Bureau of Fire Protection		
VPM Clearance	Vigan Public Market		
VPM Annex Clearance	Vigan Public Market Annex		
Vigan City ENRO Clearance	VCENRO		
Others (Specify):			

Assessment Reviewed by: _____

Application Checked by: _____

Approval Recommended by: _____

Approved by CITY MAYOR
Date of Approval: _____

(SKETCH LOCATION OF BUSINESS)

REQUIREMENTS:

☒ Brgy. Business Clearance (Location of Business)

☒ Community Tax Certificate (Cedula)

☐ Department of Trade and Industry (DTI) Registration - for single proprietorship

☐ Security and Exchange Commission (SEC) Registration - for partnership/corporation

☐ Cooperative Development Authority (CDA) Certificate of Registration - for Cooperative

☐ Contract of Lease & Mayor's Permit of Lessor (if place of business is rented)

☐ Certificate of Non-Delinquency (Bring RPT O.R.) - City Treasurer's Office (CTO)

☒ Police Clearance - Vigan PNP

☐ Sworn Statement of Gross Sales / Receipts (for Renewal)

☐ Others: _____

Ok for Payment

By: _____

Instructions:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.

2. Ensure that all documents attached to this application form are complete and properly filled out.