



BUSINESS PERMIT FORM

☐ NEW

☐ RENEWAL

☐ AMENDMENT

☐ SHORT TERM/SPECIAL PERMIT

CLEARANCE FOR: _____

FISCAL YEAR: _____

To be filled-up by BPLD:

Date of Receipt: _____

Tracking Number: _____

Business ID Number: _____

Philippine Standard Industrial Code: _____

GENERAL INSTRUCTIONS:

1. Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (UPPER CASE/CAPITAL LETTER). All required data fields/information should be completely and clearly filled-out by the applicant.

2. Please ensure that ALL required documents are properly attached and fill out ALL necessary information. Incomplete data on application form and/or requirements will be returned to the applicant / will not be processed.

A. BASIC DOCUMENTARY REQUIREMENTS

☐ Proof of Business Registration (DTI for Sole Proprietorship/SEC for Corporations and Partnerships/CDA for Cooperatives)

☐ Locational Clearance (when applicable)

☐ Contract of Lease (if leased) or Tax Declaration (if owned)

☐ Occupancy Permit (when applicable)

☐ Sketch and photos of location of business (when applicable)

B. BUSINESS INFORMATION AND REGISTRATION

Please choose one: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Cooperative

DTI / SEC / CDA Registration Number: _____ Tax Identification Number (TIN): _____

Business Name: _____

Trade Name / Franchise (If applicable): _____

Main Office Address: House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____
Street _____ Barangay _____ Subdivision _____
City/Municipality _____ Province _____ ZIP Code _____

Telephone No.: _____

Mobile No.: _____

Email Address: _____

(For Sole Proprietorship)

Surname _____ Given Name _____ Middle Name _____ Suffix _____

Name of Owner: _____

(For Corporations/ Cooperatives/ Partnerships)

Surname _____ Given Name _____ Middle Name _____ Suffix _____

Name of President / Officer in Charge: _____

Sex: ☐ Male ☐ Female For Corporation: Filipino _____ Foreign _____

C. BUSINESS OPERATION

Business Area (in sq. m.): _____

Time of Operation: _____

Total No. of Employees in Establishment: _____
Male: _____ Female: _____

No. of Employees Residing within QC: _____

No. of Delivery Vehicles (If applicable): _____ Van/Truck _____ Motorcycle

Business Location Address: House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____
Street _____ Barangay _____ Subdivision _____
City/Municipality _____ Province _____ ZIP Code _____

Owned? ☐ Yes ☐ No, If Yes, Tax Declaration No. _____ or Property Identification No. _____

Total Capital Investment (Paid up Capital + Lease Expenses + Equipments): _____

Do you have tax incentives from any Government Entity? ☐ Yes (Please attach a copy of your certificate) ☐ No

Business Activity (Please check one): ☐ Main Office ☐ Branch ☐ Admin Office Only

Line of Business	Products / Services	Equipment (If applicable)		
		No. of Units	Description	Size

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the Quezon City Government. 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.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION / POSITION

I. Appropriate Department shall fill-up this section

1. VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE / AGENCY	COMPLIANCE			Remarks	Evaluated by
		Y	N	NR		
Zoning Clearance <input type="checkbox"/> SUP (When Applicable)	CPDO					
<input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical	Department of Building Official					
Validation of the Proof of Ownership or Authority to Use	City Assessor’s Office					
Sanitary Permit/Health Clearance	City Health Department					
City Environmental Certificate	EPWMD					
Market Clearance (For Stall Holders) <input type="checkbox"/> Franchise To Operate (When Applicable)	MDAD					
Veterinary Clearance	City Veterinary Office					
Security Clearance	DPOS					
Traffic Clearance	TFTM					
Liquor Permit	LLRB					
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection					

* NR – Not Required

II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)

TRACKING NO.:		DATE:	
(TO BE FILLED UP BY APPLICANT/OWNER)			
Name of Applicant/Owner:			
Name of Business:			
Total Floor Area:		Contact No.:	
Address of Establishment:			
Signature of Applicant/Owner			
Certified by:			
Time and Date Received:		<div>FIRE SAFETY INSPECTION FEE ASSESSMENT:</div>	

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 additional charges shall be collected during inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).