

## REPUBLIC OF THE PHILIPPINES PASIG CITY

## BUSINESS PERMIT AND LICENSING DEPARTMENT





Date of Application (mm/dd/yyyy):				BUSINESS ID NO.:							
Type of Application NE		W RENEWAL RETIREMEN			AMENDMENT SPECIAL PERMIT						
Term of Payment Quarterly		irterly	Se	mi-Annual		Annual					
GENERAL IN											
<ul> <li>For New Business &amp; Special Permit (Single Proprietorship), Partnership, Corporation &amp; Cooperative, fill out sections A, B, and C.</li> <li>For Amendment of Business data, fill out section A and appropriate fields.</li> <li>For Renewal &amp; Business Retirement, fill out sections A and C only.</li> </ul>											
<b>BASIC REQUIF</b>	REMENTS FO	R BUSINESS (D	o not write o	n this section,	, for BPLD use	only)					
NEW BUSINESS			BUSINESS RENEWAL		AMENDMENT			RETIREMENT			
□ Authorization Letter with Valid I.Ds     □ Barangay Clearance     □ Lease Contract/ Proof of Ownership     □ Certificate of Conformance (City Planning)     □ DTI/ SEC Registration/ Articles of Partnership/ Incorporation     □ Colored photo of Establishment (front/inside)     □ Location Map/ Sketch of Business Address     □ If HOA-Bldg Admin Cert     □ Others:		Authorizati Previous Ta Breakdowr Sworn Cert VAT/ Perce Prior year I (Treasury F Previous Sa Certificate,	ginal and photocopy ion Letter with Valid I ax Order of Payment, n of Sales per Branch, ifficate of Gross Sales tentage Tax Return (Pi TR/ Audited Financia kequirement for Paym anitary, Cenro, Fire Sa Certificate of Confor ermit purposes)	/Assessment if applicable / Receipts revious Year) I Statement nent) afety Inspection	Please bring original and photocopy  Authorization Letter with Valid I.Ds  Change of Business Name: DTI or SEC/ Articles of Incorporation (if applicable)  Change of Business Address: Brgy. Clearance, Certificate of Conformance, Lease Contract/Proof of Ownership Pict of Establishment, Location Map  Additional/Change Line of Business: Certificate of Conformance, Amended SEC/ Articles of Incorporation  Additional Employee/s: SSS Remitance  Others:			Please bring original and photocopy  Authorization Letter with Valid I.Ds  Barangay Certificate of Business Retirement/ Cessation  Current Year VAT/ Percentage Tax Return (Montly/ Quarterly)  Previous Year ITR/ AFS  Current Tax Order of Payment, Business Permit and Plate  Others:  Others:			
Type of Ownership Sole Proprietorship			Partnership			Corpo	ration	ation Cooperative			
A. OWNER'S AND BUSINESS INFORMATION (all fields				lout)			1				
Surname:\\\D\	4		Given Name: JOHN BEN	EDICT		Middle Name: AURE		Suffix:	Sex: Male	Female	
Residential Address: 166 LLAMADO ST., ASIS I, MENI			DEZ (MENDE	,							
Business Name: Ocenar Tech Solutions											
Trade Name / Franchise Name (if applicable):											
Business Address House/Unit No./Building No./Building Name/Lot No./Block No./Street/Phase No./Subdivision: Unit 4B, 8th Ave., Pasig City, Metro Manila											
Barangay Barangay San Antonio									Zip Code		
Office Contact Number (Mobile/Landline):				Office E-mail Add		ldress: gmail.com		com			
(02) 8123-4567 contact@ocenartech.com											
		ds must be fill	ed out )					I			
Capitalization (for new business only):				SEC/DTI No.: Total No. of Er	mployoos: I	TIN:		No. of Weighing Scales:			
Business Area (m²):  Common Area (m²):				ees Residing in P				- No. or weignin	ig scales.		
	Commercial No. of Units: Total Area					y Vehicle Pedicabs:		Tricycles/Motorcyc	ycles/Motorcycles: Trucks/Vans:		
For Lessors only								-Faced	Neon	Non-Neon	
C. DECLARATI		il No. of Offics. Total Area		i(iii ).	Sigilboal	Signboard (in m²)		ole Faced			
C. DECEARATI					GROSS SALES / RECEIPTS						
LINE OF BUSINESS			PSIC	F					CURRENT YEAR		
					•	11211000127					
Please attach additional sheet, if necessary											
I hereby Declare and Affirm that 1) The information provided in this application is/are true and correct. 2) The supporting documents attached are valid and 3) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 4) I am aware that making false statements in this application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension, revocation, cancellation, and or denial of Application of Business Permit and Registration.  Reviewed & Approved by:											
Printed Name and Signature of Applicant/Representative Business Permit and Licensing Department											
SCHEDULE OF PAYMENTS											
January 2	- January 20 (1	lst Otr) Apri	3CHE1 1 1 - April 20 (2		y 1 - July 20 (3rd	Otr) Octobe	er 1 - October 2	0 (4th Otr)			
•	, ,				ar for Gross Sales veri	•			4		
									ESIC Vali	idity Data	
For additional requirements, please see attached list or visit https://pasigcity.gov.ph/downloadable -forms  FSIC Validity Date  Contact us at Main/Admin Local 1225/1223 BPLD Annex 1 (Ayala the 30th Mall) Local 1158/1222 Annex 2 (Rob Metro East) Local 1241 BPLD Annex 3 (Market) Local 1221											
8643-1111					Email us at: bpldadn	nin@pasigcitv.gov.p	h				