

UNIFIED APPLICATION FORM FOR NEW BUSINESS PERMIT

		Payment				
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	Annually		Date of Receipt	
	RENEWAL		Bi-annually		Tracking Number	RBPA-045602000-
	ADDITIONAL		Quarterly		Business ID Number	2022-09-000006
						R-045602-00038
A. BUSINESS INFORMATION AND REGISTRATION						
Please choose one <input checked="" type="checkbox"/> Single Proprietorship <input type="checkbox"/> One Person Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female						
DTI/SEC/CDA Registration Number:		Tax Identification Number (TIN):				
05621120		129-839-766-00000				
Business Name: VILLA MARCELINA'S TABLEYA AND HOT CHOCOLATE						
Trade Name/Franchise (If applicable):						
Main Office Address: House/Bldg No. _____ Name of Building _____ Lot No. _____ Block No. _____ Street No. _____ Barangay CAGLATE Subdivision SITIO CENTRAL City/Municipality ALABAT Province QUEZON Zip Code 4333						
Telephone No.: -		Mobile No.: 09305870550		Email Address: nora.renegado@gmail.com		
(For Sole Proprietorship) Name of Owner		Surname RENEGADO		Given Name NORA		Middle Name ARCEO
(For Corporations/Cooperative/ Partnerships) Name of President/Officer in Charge:		Surname		Given Name		Middle Name
For Corporation: <input type="checkbox"/> Filipino <input checked="" type="checkbox"/> Foreign						
B. BUSINESS OPERATION						
Business Area (in sq. m) 100.00		Total No. of Employees in Establishment		No. of Employees Residing within 0		No. of Delivery Vehicles (If applicable)
Total Floor Area (in sq. m) _____		0	Male	0	Female	Van/Truck _____ Motorcycle _____
<input type="checkbox"/> Same as Main Office Address Business Location Address: House/Bldg No. _____ Name of Building _____ Lot No. _____ Block No. _____ Street No. _____ Barangay CAGLATE Subdivision SITIO CENTRAL City/Municipality ALABAT Province QUEZON Zip Code 4333						
Owned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Tax Declaration No. _____ or Property Identification No. _____				
Total Capitalization (PH): 500,000.00						
Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach a copy of your certificate) <input checked="" type="checkbox"/> No						
Business Activity (Please check one): <input checked="" type="checkbox"/> Main Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office only <input type="checkbox"/> Warehouse <input type="checkbox"/> Others Pls. Specify						
Line of Business		Philippine Standard Industrial Code (If Available)			Product/Services	
PRODUCTION OF LOCAL DELICACIES		011221				
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 Municipality of Alabat . 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/Municipal Government 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.						

RENEGADO, NORA ARCEO

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE