[ ] NEW [ ]RENEWAL

## REPUBLIC OF THE PHILIPPINES QUEZON CITY BUSINESS PERMITS & LICENSE OFFICE

			APPLICATION FOR SI		NESS PER ROPRIETO		ICENSE								
OFFICE OF THE MAYO QUEZON CITY Pursuant to the p	)R provisions	s of Sec. 67 of th	ne 1993 Quezon C ny business and h	City Rever	nue Code a	and sec.	105 of MM	IC Ord.	No. 82-03,	(MM/I	ATE DD/YY) d, I have the				
BUSINESS TRA	ADE NA	ME													
TAX PAYER'S NA (Please Print)	ME	Last Name		F	irst Name			A	Natale						
HOME ADDRESS OF	BUSIN	IESS OWNER	House No.	Street		Barr	engay		Cit	WMun.					
The second secon	Control of the second	If within a bldg,	specify stall, room,	floar numb	er St	reet. No.	Stre	et Name	1	Barangey					
PROPERTY INDEX	NO.			LOT	& BLOC	K NO.			A. Carrier	100					
TAXPAYER'S I	DENTIF	ICATION NUM	MBER (TIN)	ä			oll	1	7	b	8				
DTI (BUSINESS	NAME)	REGISTRATIO	ON NUMBER				N. A.	0	DATE	100	9				
TELEPHONE NUI	MBER	3		FAX NUMBER											
IF EMPLOYER, EMP	LOYER	'S SOCIAL SE	CURITY NUME	BER (SS	S)	1		N	O. OF EN	MPLOYEES	3				
			Home Address	-6		First Nam	10	100	Middl	e					
IF BUSINESS	SINC	E WHEN		W			IS THE	BUSIN	[ ]						
ESTABLISHMENT IS RENTED	-			100	400	-	SIGNE	BOARD							
		EXISTING P	(IND OF BUSIN	IESS	BUSIN		ERMIT N	-	BUSINESS LOCATION						
EXISTING BUSINE	BUSINESS NAME) REGISTRATION NUMBER  PHONE NUMBER  OYER, EMPLOYER'S SOCIAL SECURITY NUMBER (S  & ADDRESS OF AUTHORIZED REPRESENTATIVE  SINESS SINCE WHEN LISHMENT ENTED FROM WHOM  EXISTING KIND OF BUSINESS WIT / LICENSE  ND OR NATURE OF BUSINESS/ACTIVITY APPLIED		-												
BUSINESS PERMITS & LICENSING OFFICE OF THE MAYOR QUEZON CITY Pursuant to the provisions of Sec. 67 of the 1993 Quezon City Revisions to apply for a Business Permit to operate my business and hereby is  BUSINESS TRADE NAME  TAX PAYER'S NAME (Please Print)  HOME ADDRESS OF BUSINESS OWNER  BUSINESS LOCATION (Indicate exact address)  PROPERTY INDEX NO.  TAXPAYER'S IDENTIFICATION NUMBER (TIN)  DTI (BUSINESS NAME) REGISTRATION NUMBER  TELEPHONE NUMBER  IF EMPLOYER, EMPLOYER'S SOCIAL SECURITY NUMBER (S  NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE  Home Address  ESTABLISHMENT IS RENTED  FROM WHOM  EXISTING KIND OF BUSINESS PERMIT / LICENSE  KIND OR NATURE OF BUSINESS/ACTIVITY APPLIED (Please state nature of business in accordance with the QC Business Activity  KIND OR NATURE OF BUSINESS/ACTIVITY APPLIED (Please state nature of business in accordance with the QC Business Activity  KIND OR NATURE OF BUSINESS/ACTIVITY APPLIED (Please state nature of business in accordance with the QC Business Activity					AREA Sq. Mts.)	10 22 10 10 10	CAPITALIZATION CODE (Subscribed of Paid Up)  Do not fill this								
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			TOTAL	16.00				Р							
or closure of the establishm the license permit and shall application and/or BPLO per percent of my/our gross ean THIS APPLICATION OR SECURING THE PERM HEREBY UNDERTAKE TO  I/We hereby ce	ent without hold the Q mil license nings of the N AND/OR ITS/LICEN COMPLY	I notice and hearin uezon City official e. Should I, we vice e proceedings as of BPLO PERMITAL INSES BY OTHER THEREOF.	g and shall not file as thee and harmless is does not the under the teleproperation of the under teleproperation of the city o	ny case of from any ci rtakings an y. EXEMPT RITIES RE	whatever kir hill, criminal hill/or commit APPLICATIO QUIRED BY	and to quest and/or add ments. IV ON/PERM EXISTIN	tion the clos ministrative We agree like ITTEE FRO G LAWS/01	sure estat liability ar quidated o IM COMP ROINANO	olishment an ising from a damages eq LYING WITH CES/RULES	dfor withdraw ny action taker uivalent to twe H THE REQUI AND REGUL	sl/cancellation of the nty-five (25%)	of			
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ZONING CLASSIFICATION: (To be filled up by Personnel)

ACTION TAKEN/REMARKS:

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