

**APPLICATION FORM FOR BUSINESS PERMIT**

TAX YEAR \_\_\_\_\_

CITY/MUNICIPALITY \_\_\_\_\_

## 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 form (if any) are complete and properly filled out.

**I. APPLICATION SECTION (Pls. Fill-Out the Form Correctly and Legibly)****1. BASIC INFORMATION**
 New    Renewal   Mode of Payment:    Annually    Semi-Annually    Quarterly

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No. : \_\_\_\_\_ CTC No. &amp; Date: \_\_\_\_\_

TIN No. : \_\_\_\_\_ DTI/SEC/CDA Reg. Date: \_\_\_\_\_ CTC Amount: \_\_\_\_\_

Type of Business:    Single    Partnership    Corporation    CooperativeAmendment: From    Single    Partnership    Corporation    CooperativeTo    Single    Partnership    Corporation    CooperativeAre you enjoying tax incentive from any Government Entity? Yes  No  Please specify the entity \_\_\_\_\_

Name of Taxpayer/ Registrant \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name/ Franchise: \_\_\_\_\_

**2. OTHER INFORMATION**

Business Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

In case of emergency, provide name of Contact Person: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Area (in sq. m.): \_\_\_\_\_ Total No. of Employees in Establishment \_\_\_\_\_ No. of Employees Residing within LGU: \_\_\_\_\_

**Note: Fill Up Only if Business Place is Rented**

Lessor's Full Name: \_\_\_\_\_

Lessor's Full Address: \_\_\_\_\_

Lessor's Full Telephone/Mobile No.: \_\_\_\_\_

Lessor's Email Address: \_\_\_\_\_

Monthly Rental: PhP \_\_\_\_\_

**3. BUSINESS ACTIVITY**

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (for Renewal)	
			Essential	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

\_\_\_\_\_  
POSITION/TITLE

**II. LGU SECTION (Do not Fill Up This Section)**

**1. VERIFICATION OF DOCUMENTS**

Description	Office/Agency	Yes	No	Not Needed
Occupancy permit (For New)	Office of the Building Official			
Barangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	City/Municipal Health Office			
City/Municipal Environmental Certificate	City/Municipal Environment and Natural Resources			
Market Clearance (For Stall Holders)	Office of the City/Municipal Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by: BPLO

**ANGELITA LAGARDE - AZAÑES**

Licensing Officer II

**2. ASSESSMENT OF APPLICABLE FEES**

Local Taxes	Amount Due	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/Flammable of Explosive Substance			
Tax on Signboard/Billboards			

**REGULATORY FEES AND CHARGES**

Mayor's Permit Fee			
Garbage Charges			
Delivery trucks/Vans Permit/Tax Clearance			
Sanitary Permit/ Inspection Fee			
Health Certificate: Stool & Sputum			
Working Permit Fee			
Zoning			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard/Billboard Renewal Fee			
Storage and Sale of Combustible/Flammable or Explosive Substance/Fire Inspection Fee			
Others			
<b>TOTAL FEES for LGU</b>			
<b>FIRE SAFETY INSPECTION FEE (10%)</b>			

Assessed by:

Noted by:

FSIF Assessment Approved by: BFP

**ANGELITA LAGARDE - AZAÑES**

Licensing Officer II

**EDEN R. BORROMEIO**

Municipal Treasurer

**SF04 JEOFFREY M BARACENA**

Acting Municipal Fire Marshall

**III. CITY/MUNICIPALITY FIRE STATION SECTION**

DATE: \_\_\_\_\_

APPLICATION NO.: \_\_\_\_\_

(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:**

Customer Relations Officer

Time and date Received: \_\_\_\_\_

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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