



APPLICATION FORM for BUSINESS PERMIT

APPLICATION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM-DD-YYYY
APPLICATION NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUSINESS ID NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS:

- Provide accurate information and print legibly to avoid delays. Incomplete form will be returned to the applicant.
- Ensure that all documents attached to this form (if any) are complete and properly filled out.

I. APPLICANT SECTION

1. BASIC INFORMATION

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	MODE OF PAYMENT:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
TIN No.			DTI/ SEC/ CDA REGISTRATION No.		
TYPE OF BUSINESS:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
AMENDMENT: FROM	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
TO	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity _____					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
BUSINESS NAME:					
TRADE NAME/ FRANCHISE:					

2. OTHER INFORMATION (NOTE: For Renewal Applications, do not fill up this section unless certain information has changed.)

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 NO.:			EMAIL ADDRESS:		
BUSINESS AREA (IN SQ.M):		TOTAL NO. OF EMPLOYEES IN ESTABLISHMENT:		NO. OF EMPLOYEES RESIDING WITHIN LGU:	
				NO. OF CCTV:	

NOTE: Fill up only if Business Place is Rented.

LESSOR'S FULL NAME:					
LESSOR'S FULL ADDRESS:					
LESSOR'S TELEPHONE/ MOBILE NO.:			LESSOR'S EMAIL ADDRESS:		
MONTHLY RENTAL:					

3. BUSINESS ACTIVITY

LINE OF BUSINESS	NO. OF UNITS	NO. OF DELIVERY TRUCKS	CAPITALIZATION (For New Business)	GROSS SALES/ RECEIPT (For Renewal)	
				Essential	Non-Essential

PRINCIPAL PRODUCTS HANDLED/ SERVICES RENDERED:

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 requirements and other deficiencies within thirty (30) days from release of the Business Permit.

Signature of Applicant/ Taxpayer over Printed Name

Position/ Title

ENDORSEMENT

Atty. DENNIS ALBERT S. PAMINTUAN
CITY ADMINISTRATOR



SKETCH OF BUSINESS LOCATION**II. LGU SECTION (Do not fill up this section.)**

VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/ AGENCY	YES	NO	NOT NEEDED
OCCUPANCY PERMIT (For New Business)	Office of the City Building Official			
BARANGAY CLEARANCE (For Renewal)	Barangay			
SANITARY PERMIT/ HEALTH CERTIFICATE	City Health Office – EHS Division			
CITY ENVIRONMENTAL CERTIFICATE	CENRO			
MARKET CLEARANCE (For Stall Owners)	Office of the Market Administrator			
VALID FIRE SAFETY INSPECTION CERTIFICATE	Bureau of Fire Protection			
CERTIFICATE OF ZONING COMPLIANCE	CPDO – Zoning Administration Division			
COMMUNITY TAX CERTIFICATE	City Treasurer’s Office			
ANNUAL BUILDING INSPECTION CERTIFICATE	Office of the City Building Official			
OTHERS				

VERIFICATION

ROXAS G. SANGALANG JR.
BPLD CHIEF

BASIC REQUIREMENTS:**For New:**

- Community Tax Certificate based on the approved gross receipts (Original and Photocopy)
- Barangay Certification (Original and Photocopy)
- DTI/ SEC/ CDA Registration
- Occupancy Permit for Newly Constructed Buildings
- Annual Building Inspection Certificate

For Renewal:

- Community Tax Certificate based on the approved gross receipts (Original and Photocopy)
- Barangay Certification (Original and Photocopy)
- Previous Business Permit
- Financial Statements/ Income Tax Return for Businesses with Gross Receipts above P500,000.00
- Annual Building Inspection Certificate
- Clearance of Membership Coverage from SSS, Pag-IBIG, and PhilHealth

CONSTITUENT’S FEEDBACK SURVEY

Rating Scale	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff is professional and knowledgeable of the process	4	3	2	1
Steps in securing Business Permit were clear and easy to follow	4	3	2	1

Comments/ Suggestions to improve the Business Permit Issuance Process:
