


BUSINESS PERMIT AND LICENSING OFFICE

ANNEX 1 (P. 1 OF 1)

	<p>APPLICATION FOR NEW AND RENEWAL OF BUSINESS PERMIT</p> <p>TAX YEAR: _____</p> <p>BUSINESS PERMIT NO. _____</p> <p>NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/></p>	<p><i>To be filled-up by your local BPLO/CTO:</i></p> <p>Date of Receipt: _____</p> <p>Tracking Number: _____</p> <p>Business ID Number: _____</p> <p>Philippine Standard Industrial Code: _____</p>
<p>GENERAL INSTRUCTIONS:</p> <ol style="list-style-type: none"> Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (upper case/capital letter). All required data fields/information should be completely and clearly filled-out by the applicant. Please ensure that all required documents are properly attached and fill out all necessary information. Incomplete submission of application form and/or requirements will be returned to the applicant. 		
<p>DOCUMENTARY REQUIREMENTS (NEW BUSINESS)</p> <p><input type="checkbox"/> Proof of Business Registration (DTI for Sole Proprietorship/SEC for Corporations and Partnerships/CDA for Cooperatives)</p> <p><input type="checkbox"/> Contract of Lease (if leased) or Tax Declaration or Transfer Certificate of Title (TCT) (if owned)</p> <p><input type="checkbox"/> Barangay Business Clearance</p> <p><input type="checkbox"/> Occupancy Permit (if required)</p> <p><input type="checkbox"/> Sketch and photos of location of business (if required)</p>		
<p>DOCUMENTARY REQUIREMENTS (RENEW BUSINESS)</p> <p><input type="checkbox"/> Submission of BIR Sales Tax Returns of the prior year.</p> <p><input type="checkbox"/> Barangay Business Clearance</p>		
<p>Form of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperatives</p>		
<p>DTI / SEC / CDA Registration Number: _____</p>		
<p>Business Name: _____</p>		
<p>Trade Name / Franchise: _____</p>		
<p>Main Office Address: House/Bldg. No. _____ Street _____ Barangay _____ City/Municipality _____ Province _____ Postal Code _____</p>		
<p>Telephone: _____</p>	<p>Mobile No.: _____</p>	<p>Email/Website Address: _____</p>
<p>(For Sole Proprietorship) or (For Corporations / Partnerships / Cooperatives) Name of President / Officer in Charge:</p>	<p>Surname _____</p>	<p>Given Name _____</p>
		<p>Middle Name _____</p>
		<p>Suffix _____</p>
<p>Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></p>		<p>Citizenship: _____</p>
<p>Residential Address: House/Bldg. No. _____ Street _____ Subdivision _____ Barangay _____ City/Municipality _____ Province _____ Postal Code _____</p>		
<p>A. BUSINESS OPERATION</p>		
<p>Business Area (in sq. m.): _____</p>	<p>Total No. of Employees in Establishment:</p> <p>Male: _____ Female: _____</p>	<p>No. of Employees Residing within LGU: _____</p>
		<p>No. of Delivery Units: _____</p>
<p>Business Location Address: House/Bldg. No. _____ Street _____ Subdivision _____ Barangay _____ City/Municipality _____ Province _____ Postal Code _____</p>		
<p>Capital Investment: Php _____</p>		
<p>Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly</p>		
<p>Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach a copy of your certificate) <input type="checkbox"/> No</p>		
<p>If place of business is rented, how much is the monthly rental? <input type="checkbox"/> Yes Php _____ (Please attach a copy of your lease contract) <input type="checkbox"/> No</p>		
<p>Business Activity: <input type="checkbox"/> Main Office <input type="checkbox"/> Branch <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Others, please specify</p>		
<p>Kinds of Business: <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services</p>		
<p>Line of Business</p>	<p>Products/Services</p>	<p>Gross/Sales Receipt</p>
<p>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 Local Government. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of the permit. Further, I hereby authorize and consent the Local Government to treat any personal data provided in this application with utmost confidentiality.</p>		
<p>DCC STAMP</p> <p>OCTOBER 15, 2020 MASTER COPY</p>	<p>DCC STAMP</p> <p>OCTOBER 16, 2020 CONTROLLED COPY</p>	<p>_____ SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME</p> <p>_____ DESIGNATED POSITION</p>

ANNEX 2 (PAGE 2 OF 2) APPLICATION FOR NEW/RENEWAL OF BUSINESS PERMIT

I. LGU SECTION (The local BPLO or CTO shall fill-up this section)

1. VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			Evaluated by
		Yes	No	Not required	
Occupancy Permit	Office of the Local Building Official				
Sanitary Permit/Health Clearance	City/Municipality Health Office				
City Environmental Certificate	City/Municipality Environment and Natural Resources Office				
Zoning Clearance	Planning Office / Zoning Office				
Fire Safety Inspection Certificate	Bureau of Fire Protection				
Market Clearance (For Stall Holders) (If Applicable)	Office of the City/Municipality Market Administrator				

II. BUREAU OF FIRE STATION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE) (FILL OUT THIS PORTION)

DATE: _____

TRACKING 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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to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).

OPTIONAL (IF REQUIRED)

DATE: _____

I hereby promise to comply the needed requirements for my Business Establishment within one (1) month from receipt of my Business Permit. Failure to do so will mean the revocation/cancellation of my Business Permit.

Fire Clearance Sanitary Clearance (RHU) Others _____

Name of Business Establishment

Name and Signature

Authorized Public Official

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 EXPLOSIVES SUBSTANCE			
TAX ON SIGNBOARD/BILLBOARDS			
REGULATORY FEES AND CHARGES			
MAYOR'S PERMIT FEE			
GARBAGE CHARGES			
ANNUAL INSPECTION FEE			
DELIVERY TRUCKS/VANS PERMIT FEE			
SANITARY INSPECTION PERMIT			
BUILDING INSPECTION FEE			
ELECTRICAL INSPECTION FEE			
MECHANICAL INSPECTION			
PLUMBING INSPECTION FEE			
SIGNBOARD/BILLBOARD RENEWAL FEE			
PLATE FEE			
STORAGE & SALE OF COMBUSTIBLE/FLAMMABLE OF EXPLOSIVES SUBSTANCE			
BENRO			
HEALTH PERMIT FEE			
WEIGHT AND MEASURE			
FIRE INSPECTION FEE			
BARANGAY BUSINESS CLEARANCE			
ZONING FEE			
WORKING PERMIT FEE			