


MUNICIPAL ECONOMIC DEVELOPMENT AND INVESTMENT PROMOTION 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>
--	---	---

GENERAL INSTRUCTIONS:

- 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.

DOCUMENTARY REQUIREMENTS (NEW BUSINESS)

- Proof of Business Registration (DTI for Sole Proprietorship/SEC for Corporations and Partnerships/CDA for Cooperatives)
- Contract of Lease (if leased) or Tax Declaration or Transfer Certificate of Title (TCT) (if owned)
- Occupancy Permit (if required)
- Department of Tourism Certificate of Authority to Operate (accommodation, resorts and any related businesses only)
- Department of Agriculture -Bureau of Animal Industry Certificate of Registration (animal facilities and any related businesses only)
- **BANKO NG SENTRAL NG PILIPINAS**– Related Registration Procedures Governing Pawnshops (PSs) and Money Service Businesses (MSBs)
- Sketch and photos of location of business (if required)

DOCUMENTARY REQUIREMENTS (RENEWAL OF BUSINESS)

- Submission of BIR Sales Tax Returns of the prior year.
- DOT Certificate of Authority to Operate (accommodation establishments only)
- DA-Bureau of Animal Industry Certificate of Registration (animal facilities and related businesses only)

Form of Organization: Sole Proprietorship Partnership Corporation Cooperatives

DTI / SEC / CDA Registration Number: _____

Business Name: _____

Trade Name / Franchise: _____

Main Office Address: House/Bldg. No. _____ Street _____ Subdivision _____
Barangay _____ City/Municipality _____ Province _____ Postal Code _____

Telephone: _____	Mobile No.: _____	Email/Website Address: _____	
(For Sole Proprietorship) or (For Corporations / Partnerships / Cooperatives) Name of President / Officer in Charge:	Surname	Given Name	Middle Name
			Suffix

Sex: Male Female

Citizenship: _____

Residential Address: House/Bldg. No. _____ Street _____ Subdivision _____
Barangay _____ City/Municipality _____ Province _____ Postal Code _____

A. BUSINESS OPERATION

Business Area (in sq. m.):	Total No. of Employees in Establishment:		No. of Employees Residing within LGU:	No. of Delivery Units:
	Male:	Female:		

Business Location Address: House/Bldg. No. _____ Street _____ Subdivision _____
Barangay _____ City/Municipality _____ Province _____ Postal Code _____

Capital Investment: Php _____

Mode of Payment: Annually Semi-Annually Quarterly

Do you have tax incentives from any Government Entity? Yes (Please attach a copy of your certificate) No

If place of business is rented, how much is the monthly rental? Yes Php _____ (Attach a copy of your lease contract) No

Business Activity: Main Office Branch Admin Office Only Others, please specify

Kinds of Business: Trading Manufacturing Services

Line of Business	Products/Services	Gross/Sales Receipt

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 give my consent to LGU-Guiguinto to treat my personal data with utmost confidentiality and will only be used under the rule of Data Privacy Notice posted in the Municipal Economic Development and Investment Promotion Office in compliance to Republic Act No. 10173.

SIGNATURE OF APPLICANT/REPRESENTATIVE
OVER PRINTED NAME

DESIGNATED /POSITION

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				
DA-Bureau of Animal Industry Certificate of Registration (if Applicable)	City/Municipality of Agriculture Office				
Market Clearance (For Stall Holders)	Office of the City/Municipality Market Administrator				

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

TO FILL OUT BY BFP

Date: _____

Name of Business: _____

Contact Number: _____

Signature of Owner /Representative _____

Tracking No: _____

Fire Safety Inspection Fee: _____

OR #: _____

OR Date: _____

Certified by: _____

Customer Relation Officer: _____

Date and Time: _____

Important Notice: As per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required 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: _____

Name and Signature of Owner/Rep. _____

Business Permit may prefer to receive the original copy through the following options:

_____ For Delivery / Courier

_____ For Pick up on _____

Date

Name and Signature of Owner/Rep.

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			

