



APPLICATION FORM FOR BUSINESS PERMIT (NEW/RENEWAL)

TAX YEAR:

To be filled-out by the BPLO

 Date of Receipt: _____ Tracking Number: _____
 Time of Receipt: _____ Released by: _____
GENERAL INSTRUCTIONS:

1. Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (uppercase/capital letter). All required data field/information should be completely and clearly filled-out by the applicant.
2. Please ensure that all the required documents are properly attached and fill-out with all necessary information. Incomplete submission of application form and/or requirements will be returned to the applicant.

A. DOCUMENTARY REQUIREMENTS**NEW**

- ☐ Accomplished Application form (filled-out of complete information and notarized).
- ☐ Notarized Affidavit of Waiver & Undertaking.
- ☐ DTI Registration (For Sole Proprietorship) or SEC Registration (for partnership or corporation).
- ☐ Original Barangay Business Clearance.
- ☐ Locational Clearance.
- ☐ Clear Copy of Picture of Business Establishment (inside and outside of the establishment).
- ☐ Business Location Map/Sketch.
- ☐ Occupancy Permit, for newly constructed buildings/structures.
- ☐ Proof of ownership, if the place of business owned by the applicant.
- ☐ Lease Contract and proof of ownership of the lessor, if the place of business is rented.
- ☐ Duly notarized Secretary's Certificate and Authorization (for corporation); Authorization Letter (for individual).

POST REQUIREMENTS

(To submit within 60 days from the date of issuance of permit)

- Pink Copy or Photocopy of Fire Safety Inspection Certificate
- Sanitary Permit
- Photocopy of Community Tax Certificate (Cedula)
- Other Certifications or Clearances issued by concerned National Government Agencies

RENEWAL

- ☐ Accomplished Application form (filled-out of complete information and notarized).
- ☐ Notarized Affidavit of Waiver & Undertaking.
- ☐ Latest DTI Registration (for Sole Proprietorship) or Amended SEC Registration (for partnership or corporation), if there is any.
- ☐ Original Barangay Business Clearance.
- ☐ Locational Clearance.
- ☐ Proof of ownership, if the place of business is owned by the applicant.
- ☐ Latest Lease Contract and proof of ownership of the lessor, if the place of business is rented.
- ☐ Audited Financial Statement.
- ☐ Latest Annual Income Tax Return (ITR) duly received by the Bureau of Internal Revenue (BIR).
 - a. BIR Form No. 1700; and/or
 - b. BIR Form No. 1701; and/or
 - c. BIR Form No. 1702; - EX; and/or
- ☐ Monthly / Quarterly Returns.
 - **Income Tax Returns**
 - a. BIR Form No. 1710; and/or
 - b. BIR Form No. 1702Q; and/or
 - **Value - Added Tax (VAT) Returns**
 - c. BIR Form No. 2550Q; and/or
 - d. BIR Form No. 2550M; and/or
 - **Percentage Tax**
 - e. BIR Form No. 2551Q; and/or
 - f. BIR Form No. 2551M

B. BUSINESS INFORMATION AND REGISTRATIONForm of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Cooperatives

DTI / SEC / CDA Registration Number: ✓

Tax Identification Number (TIN): ✓

Business Name: ✓

Trade Name / Franchise: ✓

Main Office Address: House / Bldg. No. ✓

City / Municipality: _____

Province _____

Barangay ✓

Postal Code _____

Telephone No: ✓

Mobile No: ✓

Email Address/Website: _____

 (For Sole Proprietorship) or
 (For Corporations/Partnership/Cooperatives)
 Name of President/Officer in Charge: ✓

Surname _____

Given Name _____

Middle Name _____

Suffix _____

Sex: ☐ Male ☐ Female

Citizenship: _____

Residential Address: House / Bldg. No. _____

City / Municipality: _____

Province _____

Barangay _____

Postal Code _____

C. BUSINESS OPERATIONBusiness Area
(in sq. m.):Total No. of Employees in
Establishment: ✓No. of Employees Residing within
LGU: ✓

No. of Units: ✓

No. of Delivery Units: ✓

Male: ✓

Female: ✓

Business Location Address: House / Bldg. No. _____

City / Municipality: _____

Province _____

Barangay _____

Postal Code _____

Capital Investment: (For New Application) ✓

Gross Receipt: (For Renewal) ✓

Mode of Payment: ☐ Annual☐ Semi-Annual☐ QuarterlyDo you have tax incentives from any Government Entity? ☐ Yes (Please attach a copy of your certificate)☐ NoIf place of business is rented, how much is the monthly rental? ☐ Yes (Please attach a copy of your lease contract)☐ NoBusiness Activity: ☐ Main Office☐ Branch☐ Admin Office Only

Line of Business _____

Products / Services _____

I/WE DECLARED UNDER THE PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE COMPLIED WITH ALL THE LAWS AND REGULATIONS GOVERNING THE ESTABLISHMENT, MAINTENANCE AND OPERATION OF MY/OUR BUSINESS. FURTHER I/WE HEREBY ACKNOWLEDGE THE AUTHORITY OF THE CITY BUSINESS PERMITS AND LICENSING OFFICER IN THE CITY ORDINANCE NO. 2009-06 TO ASSESS AND DETERMINE APPROPRIATE TAXES AND FEES FOR THE OPERATION OF MY/OUR BUSINESS PURSUANT TO THE LAW INCLUDING RA 9387 AND 11032, RULES, AND ORDINANCES. LASTLY, I/WE AGREE TO THE IMMEDIATE CANCELLATION OF THIS PERMIT BY THE BUSINESS PERMITS AND LICENSING OFFICE AND/OR CLOSURE OF THE ESTABLISHMENT SHOULD THE BPLO DISCOVER/FIND ANY FALSEHOOD OR MISREPRESENTATION IN THIS APPLICATION.

Signature of Applicant over printed name _____

POSITION / TITLE _____

FOR CORPORATION, ONLY RESPONSIBLE PERSON (PRESIDENT, CHIEF ACCOUNTANT AND CORPORATE SECRETARY) SHOULD SIGN THE FORM, IN CASE OF LIASON OFFICER OR ANY AUTHORIZED REPRESENTATIVE, KINDLY PRESENT A NOTARIZED SPECIAL POWER OF ATTORNEY/SECRETARY'S CERTIFICATE SIGNED BY THE RESPONSIBLE PERSON OF THE CORPORATION.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20 _____ AT THE CITY OF _____ AFFIANT

EXHIBITED TO ME HIS/HER RESIDENCE CERTIFICATE NO. _____ ISSUED AT _____ ON _____

DOC. NO.: _____

PAGE NO.: _____

BOOK NO.: _____

SERIES OF: _____

ADMINISTERING OFFICER _____

LGU SECTION: TO BE FILLED-OUT BY THE LGU PERSONNEL**ANNEX 1 APPLICATION FOR NEW / RENEWAL OF BUSINESS PERMIT**

1. ASSESSMENT				
LOCAL TAXES	AMOUNT	PENALTY	TOTAL	ASSESSED BY
Building Inspection Fee				
Electrical Inspection Fee				
Mechanical Inspection Fee				
Plumbing Inspection Fee				
2. ENDORSEMENTS				
DESCRIPTION	OFFICE / AGENCY	DATE ISSUED	SIGNATURE OF DEPARTMENT HEAD / AUTHORIZED SIGNATORY	SIGNATURE OF DEPARTMENT HEAD / AUTHORIZED SIGNATORY
Barangay Business Clearance	Barangay			
Locational Clearance	Zoning Admin. CENRO			
DESCRIPTION	OFFICE / AGENCY	DATE ISSUED	SIGNATURE OF DEPARTMENT HEAD / AUTHORIZED SIGNATORY	SIGNATURE OF DEPARTMENT HEAD / AUTHORIZED SIGNATORY
Sanitary / Health Clearance	City Health Department			
Building Permit	Bldg. Official			

II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)

TRACKING NO.: _____

DATE: _____

(TO BE FILLED-OUT BY APPLICANT / OWNER)

Name of Applicant / Owner: _____

Name of Business: _____

Total Floor Area: _____

Address of Establishment: _____

Contact No.: _____

Certified by:

Customer Relations Officer

Time and Date Received: _____

Signature of Applicant / Owner _____

FIRE SAFETY INSPECTION
FEE ASSESSMENT**Instructions:**

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