

BUSINESS PERMIT AND LICENSING OFFICE

ANNEX 1 (P. 1 OF 1)



APPLICATION FOR NEW AND RENEWAL OF BUSINESS PERMIT

TAX YEAR: _____
BUSINESS PERMIT NO. _____
NEW RENEWAL

To be filled-up by your local BPLO/CTO:

Date of Receipt: _____
Tracking Number.: _____
Business ID Number: _____
Philippine Standard Industrial Code: _____

GENERAL INSTRUCTIONS:

1. 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.
2. 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)
- Locational Clearance (ZONING)
- Contract of Lease (if leased) or Tax Declaration or Transfer Certificate of Title (TCT) (if owned)
- Barangay Clearance
- Occupancy Permit (if required)
- Sketch and photos of location of business (if required)

DOCUMENTARY REQUIREMENTS (RENEW BUSINESS)

- Submission of BIR Sales Tax Returns of the the prior year.
- Barangay Clearance

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 _____ 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 _____ Barangay _____
City/Municipality _____ Province _____ Postal Code _____

A. BUSINESS OPERATION

Total No. of Employees in Establishment:

Male: _____

Female: _____

Business Location Address: House/Bldg. No. _____ Street _____ 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 _____ (Please attach a copy of your lease contract) No

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

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 consent the Local Government to treat any personal data provided in this application with utmost confidentiality.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATED POSITION

ANNEX 1 (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

		COMPLIANCE		
		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			
Market Clearance (For Stall Holders)	Office of the City/Municipality Market Administrator			
Fire Safety Inspection Certificate	Bureau of Fire Protection			
Zoning Clearance	Planning Office / Zoning Office			

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

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: _____

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).

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