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|  | APPLICATION FOR NEW AND RENEWAL OF BUSINESS PERMIT | | <i>To be filled-up by your local BPLO/CTO:</i> | |
| | TAX YEAR: _____ BUSINESS PERMIT NO. _____ NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> | | 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) - Contract of Lease (if leased) or Tax Declaration or Transfer Certificate of Title (TCT) (if owned) - Barangay Business Clearance - Occupancy Permit (if required) - DOT Certificate of Authority to Operate (accommodation establishments only) - DA-Bureau of Animal Industry Certificate of Registration (animal facilities and related businesses only) - Sketch and photos of location of business (if required) | | | | |
| DOCUMENTARY REQUIREMENTS (RENEW BUSINESS) - Submission of BIR Sales Tax Returns of the prior year. - Barangay Business Clearance - 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: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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 <input type="checkbox"/> Female <input type="checkbox"/> | | 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: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly | | | | |
| Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach a copy of your certificate) <input type="checkbox"/> No | | | | |
| 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 | | | | |
| Business Activity: <input type="checkbox"/> Main Office <input type="checkbox"/> Branch <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Others, please specify | | | | |
| Kinds of Business: <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> 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 consent the Local Government to treat any personal data provided in this application with utmost confidentiality. | | | | |
| DCC STAMP October 30, 2020 MASTER COPY | | October 31, 2020 CONTROLLED COPY | | |
| | | SIGNATURE OF APPLICANT/OWNER 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 | | | | |
| 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: _____

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 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 | | | |