


MUNICIPAL ECONOMIC DEVELOPMENT AND INVESTMENT PROMOTION OFFICE

ANNEX 1 (P. 1 OF 1)

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|--|---|---|
|  | <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:

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)
- 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 (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: _____

Tracking No: _____

Fire Safety Inspection Fee: _____

OR #: _____

OR Date: _____

Signature of Owner /Representative _____

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 Establishment

Name and Signature of Owner/Representative 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 | | | |

