

APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

CITY/MUNICIPALITY _____

INSTRUCTIONS:

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

I. APPLICATION SECTION

1. BASIC INFORMATION

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
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Date of Application:	DTI/SEC/CDA Registration No. :
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TIN No. :	DTI/SEC/CDA Registration No. :
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Type of Business :	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
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Amendment: From	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
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To	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
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Are you enjoying tax incentive from any Government Entity? Yes No Please specify the entity?

Name of Taxpayer / Registrant

Last Name:	First Name:	Middle Name:
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Business Name:

Trade name / Franchise:

2. OTHER INFORMATION

Note: For renewal applications, do not fill up this section unless certain information have changed.

Business Address:

Postal Code:	Email Address:
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Telephone No. :	Mobile No. :
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Owner's Address:

Postal Code:	Email Address:
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Telephone No. :	Mobile No. :
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In case of emergency, provide name of contact person:

Telephone/ Mobile No. :	Email Address:
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Business Area (in sq m.):	Total No. of Employees in Establishment:	No. of Employees Residing within LGU:
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Note: Fill Up Only If Business Place is Rented

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full Telephone/ Mobile No.:

Lessor's Email Address:

Monthly Rental:

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (for Renewal)	
			Essential	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE