

APPLICATION FOR BUSINESS PERMIT

Tax Year _____
 City/ Municipality _____

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional <input type="checkbox"/> Transfer <input type="checkbox"/> Ownership <input type="checkbox"/> Location	Amendment: <input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Single <input type="checkbox"/> From Corporation to Partnership	Mode of Payment <input type="checkbox"/> Annually <input type="checkbox"/> Bi- Annually <input type="checkbox"/> Quarterly
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Date of Application:	DTI/ SEC/ CDA Registration No.:
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Reference No.:	DTI/ SEC/ CDA date of registration:
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Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	CTC No. _____	TIN _____
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Are you enjoying tax incentives from any Government Entity? Yes No	Please Specify entity: _____
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NAME OF TAXPAYER:

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

Trade Name/ Franchise:

Name of President/ Treasurer of Corporation:

Last Name:	First Name:	Middle Name:
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BUSINESS ADDRESS	OWNER'S ADDRESS
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House No./ Bldg No.:	House No./ Bldg No.:
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Building Name:	Building Name:
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Unit No.:	Unit No.:
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Street:	Street:
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Barangay:	Barangay:
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Subdivision:	Subdivision:
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City/ Municipality:	City/ Municipality:
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Province:	Province:
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Tel. No.:	Tel. No.:
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Email Address:	Email Address:
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Property Index Number (PIN)

Business Area (sq. m)	No. of employees in establishment:	No. of employees residing in LGU:
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If place of business is Rented, please identify the following: LESSOR'S NAME:

Last Name:	First Name	Middle Name:	Monthly Rental:
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LESSOR'S ADDRESS

House No./ Bldg No.:	Subdivision:
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Street:	City/ Municipality:
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Barangay:	Province:
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Tel No.:	Email Address:
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In case of Emergency: Contact Person/ Tel#/Mobile#/ Email Address:
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Business Activity	No. of Units	Capitalization (for new business)	Gross Sales/ Receipts (for Renewal)

OATH OF UNDERTAKING:

I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

Signature of Applicant Over Printed Name	Position/ Title
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APPLICATION FORM FOR BUSINESS

(Back portion)

ASSESSMENTS

PARTICULARS	AMOUNT
GRAND TOTAL	P

Assessed by: _____

Assessment reviewed by: _____

Approval Recommended by: _____

LIST OF REQUIREMENTS

Blank area for listing requirements.

**** 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 his application form are complete and properly filled out.