



BUSINESS PERMITS AND LICENSING OFFICE

Application Form for Business

Tax Year \_\_\_\_\_

BIN No. \_\_\_\_\_

Plate No. \_\_\_\_\_

- New
- Renewal
- Additional
- Transfer
- Ownership
- Location

**Amendment**

- From Single to Partnership
- From Single to Corporation
- From Partnership to Single
- From Partnership to Corporation
- From Corporation to Single
- From Corporation to Partnership

**Mode of Payment**

- Annually
- Biannually
- Quarterly

Date of Application	DTI/SEC/CDA Registration No.
Reference No.	DTI/SEC/CDA Date of Registration
Kind of Organization	TIN
Are you enjoying tax incentive from any Government Entity? ( ) yes ( ) no If yes, please specify the entity _____	

**Name of Taxpayer**

Last Name

First Name

Middle Name

Business Name					
Trade Name/Franchise					
Business Address	Owner's Address				
Tel. No./Email Address	Tel. No./Email Address				
Property Index Number (PIN)					
Business Area (in sqm)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total Number of Employees in Establishment:</td> <td>Total Number of Employees Residing in the City:</td> </tr> <tr> <td>Male Female</td> <td>Male Female</td> </tr> </table>	Total Number of Employees in Establishment:	Total Number of Employees Residing in the City:	Male Female	Male Female
Total Number of Employees in Establishment:	Total Number of Employees Residing in the City:				
Male Female	Male Female				
If Place of Business is Rented, please identify the following:	Monthly Rental				
Lessor's Name					
Lessor's Address	Tel. No./Mobile Phone No./Email Address				

**Business Activity**

Code	Line of Business	No. of Units	Capitalization (for new business)	Gross Sales / Receipts (for renewal)	
				Essential	Non-Essential

Signature of Applicant over Printed Name

Position/Title

For Corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case of Liaison Officer or any authorized representative, kindly present an authorization letter signed by the identified responsible person of the corporation.

**VERIFICATION OF DOCUMENTS**

Description	Office / Agency	Date Issued	VERIFIED BY:
Barangay Business Clearance	Barangay		
Locational Clearance	Zoning Administrator		
Sanitary / Health Clearance	City Health Office		
Occupancy Permit	Building Official		
Fire Safety Clearance	Bureau of Fire Protection		
Market Stall Clearance	Market Supervisor		
POSO Clearance	POSO Chief		
Others, please specify:			

**RECOMMENDING APPROVAL:**

ANTONIO A. VELICARIA JR.  
Chief, BPLO

**BY AUTHORITY OF THE CITY MAYOR:**

APPROVED:

RUFINO RONALDO Z. SAN JUAN VI  
City Administrator

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 application form are complete and properly filled out.