



Application Form for Business Permit

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

		Amendment:		Mode of Payment	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional <b>Transfer:</b> <input type="checkbox"/> Ownership <input type="checkbox"/> Location		<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		<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly	
Date of Application:		DTI/SEC/CDA Registration No.:			
Reference No.:		DTI/SEC/CDA date of registration:			
Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership		CTC No.:		TIN:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative					
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> YES <input type="checkbox"/> NO Please specify the entity:					
<b>Name of Tax payer:</b>					
Last Name:		First Name:		Middle Name:	
Business Name:					
Trade name/Franchise:					
Name of President/Treasurer of corporation:					
Last Name:		First Name:		Middle Name:	
<b>Business Address</b>			<b>Owner's Address</b>		
House No./Bldg. No.:		House No./Bldg. No.:			
Building Name:		Building Name:			
Unit No.:		Unit No.:			
Street:		Street:			
Barangay:		Barangay:			
Subdivision:		Subdivision:			
City/Municipality:		City/Municipality:			
Province:		Province:			
Tel. No.:		Tel. No.:			
Email Address:		Email Address:			
Property Index Number (PIN):					
Business Area (in sq m):		Total No. of Employees in Establishment:		# of Employees Residing in LGU:	
If Place of Business is Rented, please identify the following : <b>Lessor's Name</b>				<b>Monthly Rental:</b>	
Last Name:		First Name:		Middle Name:	
<b>Lessor's Address</b>					
House No./Bldg. No.:		Subdivision:			
Street:		City/Municipality:			
Barangay:		Province:			
Tel. No.:		Email Address:			
In case of Emergency:		Contact Person/ Tel No./Mobile phone no./email address:			
Business Activity		No. Of Units	Capitalization (for new business)	Gross Sales / Receipts (for renewal)	
Code	Line of Business			Essential	Non-essential
<b>Oath of Undertaking</b>					
I undertake to comply with regulatory requirement or deficiencies within 30 days from the issuance of business permit.					
<b>SIGNATURE OF APPLICANT OVER PRINTED NAME:</b>				<b>POSITION/TITLE</b>	
For corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case of any authorized representative, kindly present an authorization letter signed by the identified responsible person of the corporation.					