

**APPLICATION FORM FOR BUSINESS PERMIT**

TAX YEAR: _____

Municipality

INSTRUCTIONS:

1. Provide accurate information
2. Be sure that all documents attached to this form (if any) are complete and properly filled out.

I. APPLICATION FORM**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
Date of Application:		Permit Number:		DTI/SEC/CDA Registration No.:	
TIN No.:		Reference No.:		DTI/SEC/CDA Date of Registration:	
Type of Business:		<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
Amendments:	From	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
	To	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
Are you enjoying tax incentive from any Government entity?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Please specify the entity?	

Name of Taxpayer/Registrant

Last name:		First Name:		Middle Name:	
Business Name:					
Trade Name/Franchise:					

2. OTHER INFORMATION

Business Address:					
Postal Code:		Email Address:			
Telephone No.		Mobile No.:			
Owner's Address:					
Postal Code:		Email Address:			
Date of Birth		Mobile No.:			
In case of emergency, provide name of contact person:					
Telephone/Mobile No.		Email Address:			
Business Area(in Sq. m.)		Total No. of Employees in Establishment:		No. of Employees Residing within LGU:	

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 Full Email Address:					
Monthly Rental:					

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization (for New Business)	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