



Republic of the Philippines
Office of the City Mayor
BUSINESS PERMIT AND LICENSING DIVISION

UNIFIED FORM
Business Permit Application Form
Tax Year _____

To be filled up by BPLD

Application #	Account #

RECEIVED

CONTROL No: _____

DATE & TIME: _____

BY: _____

SURRENDER

DATE & TIME: _____

BY: _____

INSTRUCTION:

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 APPLICANT SECTION:**1. BASIC INFORMATION**
 New Renewal **Mode of Payment:** Annually Semi-Annually Quarterly

Date of Application: _____ DTI/SEC/CDA Registration No.: _____

TIN No.: _____ Phil-health/Pag-ibig/SSS Registration No.: _____

Type of Business: Single Partnership Corporation CooperativeAmendment: **From** Single Partnership Corporation**To** Single Partnership CorporationAre you enjoying from any Government entity? **Yes** **No** Please specify the entity? _____**Name of Taxpayer/Registrant:**

Last Name: _____ First Name: _____ Middle Name: _____

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: _____ E-mail Address: _____

Telephone No. _____ Mobile No: _____

Owner's Address:

Postal Code: _____ E-mail Address: _____

Telephone No. _____ Mobile No: _____

In case of Emergency, provide name of Contact Person: _____

Tel no./ Mobile Phone No.: _____ E-mail address: _____

Business Area (in Sq. m.) _____ No. of Employees in Establishment: **F** **M** # of Employees Residing with in LGU: _____**Note: Fill up Only If Business Place is Rented;**

Lessor's Full Name: _____

Lessor's Address: _____

Lessor's Full Telephone/Mobile No.: _____

Lessor's E-mail 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 is 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 the release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE

2X2 ID PICTURE