



Republic of the Philippines
Office of the City Mayor
BUSINESS PERMIT AND LICENSING DIVISION
UNIFIED FORM
Application Form for Business Permit
Tax Year _____

To be filled up by BLPD:
Application No. _____
Account No. _____

<input type="checkbox"/> New	Amendment:	Mode of Payment:
<input type="checkbox"/> Renewal	<input type="checkbox"/> From Single to Partnership	<input type="checkbox"/> Annually
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation	<input type="checkbox"/> Bi-Annually
	<input type="checkbox"/> From Partnership to Single	<input type="checkbox"/> Quaterly
Transfer:	<input type="checkbox"/> From Partnership to Corporation	
<input type="checkbox"/> Ownership	<input type="checkbox"/> From Corporation to Single	
<input type="checkbox"/> Location	<input type="checkbox"/> From Corporation to Partnership	

RECEIVED
CONTROL No. _____
Date & Time: _____
By: _____
SURRENDER
DATE & TIME: _____
By: _____

Date of Application: _____	DTI Registration No.: _____
Reference No. _____	SEC Registration No.: _____
Type of Business:	CDA Registration No.: _____
<input type="checkbox"/> Single <input type="checkbox"/> Corporation	Phil-Health No.: _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative	Pag-ibig No.: _____
CTC No. _____	SSS No.: _____
No.: _____	TIN: _____
Issued On: _____	
Issued at: _____	

NAME OF TAXPAYER: _____ F M

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

Business Name: _____

Trade Name/Franchise: _____

Name of President/Treasurer of Corporation: _____

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

Business Address		Owner's Address	
House No./Bldg. Name: _____	Street: _____	House No./Bldg. Name: _____	Street: _____
Barangay: _____	Subdivision: _____	Barangay: _____	Subdivision: _____
City/Municipality: _____	Tel. No. _____	City/Municipality: _____	Tel. No. _____
E-mail Address: _____	Property Index Number (PIN): _____	E-mail Address: _____	No. of Delivery Vans: _____

Business Area (In Sq. m.) _____ No. of Employees _____ F M # of employees Residing in LGU: _____

If Place of Business is Rented: _____ Lessors name: _____ Monthly Rental: _____

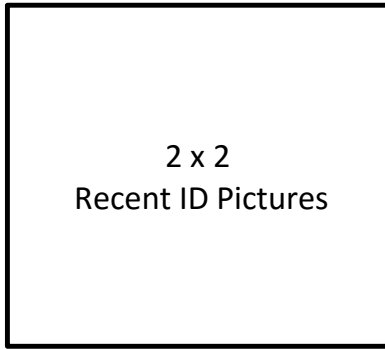
Last Name: _____ First Name: _____ Middle Name: _____

LESSOR'S ADDRESS:

House No./Bldg. Name: _____	Subdivision: _____
Street: _____	City/Municipality: _____
Barangay: _____	Province: _____
Tel. No. _____	E-mail Address: _____

In case of Emergency Contact Person/Tel no./Mobile Phone No./E-mail address: _____

BUSINESS ACTIVITY		No. of Units	Capitalization(for New Business)	Gross Sales/Receipts(for Renewal)	
Code	Line of Business			Essential	Non-Essential



_____ Administering Officer _____ CTO Representative

