****REPUBLIKA NG PILIPINAS

**TANGGAPAN NG PUNONG LUNSOD**

**LUNGSOD NG SAN PABLO**

**BUSINESS PERMIT APPLICATION FORM**

**TAX YEAR \_\_\_\_\_\_\_\_\_\_**

PAGE 1 OF 2

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:**   1. Provide accurate information and print legibly to avoid delays. Incomplete form will be   returned to the applicant.   1. Ensure that all documents attached to this form (if any) are complete and properly filled out. | | | | | | | | | |
| **I. APPLICATION SECTION** | | | | | | | | | |
| 1. **BASIC INFORMATION** | | | | | | | | | |
| New Renewal | | | | | Mode of Payment : Annually Semi-Annually Quarterly | | | | |
| Date of Application : | | | | | DTI/SEC/CDA Registration No : | | | | |
| Tin No : | | | | | DTI/SEC/CDA Registration No : | | | | |
| Type of Business : Single Partnership Corporation Cooperative | | | | | | | | | |
| Amendment : From : Single Partnership Corporation | | | | | | | | | |
| To : Single Partnership Corporation | | | | | | | | | |
| Are you enjoying tax incentive 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 : | | | | | | | | | |
| 1. **OTHER INFORMATION**   Note: **For renewal applications,** do not fill up this section unless certain information have changed. | | | | | | | | | |
| Business Address : | | | | | | | | | |
| Postal Code : | | | | | Email Address : | | | |
| Telephone No : | | | | | Mobile No : | | | |
| Owner’s Address : | | | | | | | | |
| Postal Code : | | | | | EmailAddress **:** | | | |
| Telephone No : | | | | | 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 : Male : Female : | |
| **Note : Fill Up Only if Business is Rented** | | | | | | | | |
| Lessor’s Full Name : | | | | | | | | |
| Lessor’s Full Address : | | | | | | | | |
| Lessor’s Full Telephone / Mobile No. : | | | | | | | | |
| Lessor’s Email Address : | | | | | | | | |
| Monthly Rental : | | | | | | | | |
| 1. **BUSINESS ACTIVITY** | | | | | | | | |
| Line of Business | No. of Units | | Capitalization  (for New Business) | | | Gross Sales / Receipts (for Renewal) | | |
| Essential | | Non-Essential |
|  |  | |  | | |  | |  |
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|  |  | |  | | |  | |  |

**I DECLARE UNDER PENALTY OF PERJURY** that the foregoing are true based on my personal knowledge and authentic records. Further, **I agree to comply with the regulatory requirements and other deficiencies within thirty (30) days from release of the business permit.**

SIGNATURE OF APPLICANT / TAXPAYER OVER PRINTED NAME

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

POSISTION / TITLE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(PAGE 2 OF 2) Business Permit Application Form** | | | | | | | |
| **II. LGU SECTION (Do not Fill Up This Section)** | | | | | | | |
| 1. **VERIFICATION OF DOCUMENTS** | | | | | | | |
| **Description** | **Office/Agency** | | | | **Yes** | **No** | **Not Needed/Covered** |
| Occupancy Permit (For New) | Office of the Building Official | | | |  |  |  |
| Barangay Business Clearance | Barangay (Place of Business) | | | |  |  |  |
| Sanitary Permit/Health Clearance | City Health Office | | | |  |  |  |
| City Environmental Certificate | City Environment and Natural Resources Office | | | |  |  |  |
| Zoning Clearance | Zoning and Land Use Division , Mayor’s Office | | | |  |  |  |
| Certificate of Attendance (For New) | City Solid Waste Management Office | | | |  |  |  |
| Market Clearance (For Stall Holders) | Market Division , City Treasurer’s Office | | | |  |  |  |
| Certificate of Payment | Land Tax Division, City Treasurer ‘s Office | | | |  |  |  |
| Valid Fire Safety Inspection Certificate | Bureau of Fire Protection | | | |  |  |  |
| Verified by: BPLO | | | | | | | |
| 1. **ASSESSMENT OF APPLICABLE FEES** | | | | | | | |
| **Local Taxes** | | **Amount Due** | **Surcharge** | **Interest** | | | **Total** |
| Business Tax | |  |  |  | | |  |
| Tax on Delivery Vans/ Trucks | |  |  |  | | |  |
| Occupational Tax | |  |  |  | | |  |
| Tax on Signboard / Billboards | |  |  |  | | |  |
| **REGULATORY FEES AND CHARGES** | | | | | | | |
| Mayor’s Permit Fee | |  |  |  | | |  |
| Zoning Fee | |  |  |  | | |  |
| CENTRO Inspection Fee | |  |  |  | | |  |
| Solid Waste Management Fee | |  |  |  | | |  |
| Health Certificate | |  |  |  | | |  |
| Building Inspection Fee | |  |  |  | | |  |
| Electrical Inspection Fee | |  |  |  | | |  |
| Sanitary Inspection | |  |  |  | | |  |
| Mechanical Inspection Fee | |  |  |  | | |  |
| Electronics Inspection Fee | |  |  |  | | |  |
| Signboard/Sticker Fee | |  |  |  | | |  |
| Bin Plate/Sticker Fee | |  |  |  | | |  |
| Others | |  |  |  | | |  |
| **TOTAL FEES** | |  |  |  | | |  |
| Assessed by : CTO | | | | | | | |
| **NO. 9539**  **III. CITY / MUNICIPALITY FIRE STATION SECTION** | | | | | | | |
| **DATE :**  **APPLICATION NO :**  **(TO BE FILLED UP BY APPLICANT / OWNER)**  Name of Applicant/Owner :  Name of Business :  Total Floor Area : Contact No :  Signature of Applicant /Owner   |  |  | | --- | --- | | Fire Safety Inspection Fee Assessment |  |   Certified by :  Customer Relations Officer :  Time and Date Received: | | | | | | | |

*Important Notice : As per Section 12 of the implementing Rules and Regulation of the Fire Code of 2008, certain establishment(e.g. building lessors, fire, earthquake, and explosion hazard insurance companies , and vendors of fire fighting equipment, may be required to pay additional charges and fees other than Fire Safety Inspection Fees. These shall be collected during inspection or in another process to be communicated by representative of the Bureau of Fire Protection (BFP)*