



REPUBLICA NG PILIPINAS
TANGGAPAN NG PUNONG LUNSOD
LUNGSOD NG SAN PABLO



BUSINESS PERMIT APPLICATION FORM
TAX YEAR _____

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INSTRUCTIONS:					
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. APPLICATION SECTION					
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 :		DTI/SEC/CDA Registration No :			
Tin No. :		DTI/SEC/CDA Registration No :			
Type of Business :		<input type="checkbox"/> Single <input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	
Amendment : 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 If yes, 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 :			Email Address :		
Telephone No. :			Mobile No. :		
Owner's Address :					
Postal Code :			Email Address :		
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 Place is Rented					
Lessor's Full Name:					
Lessor's Full Address:					
Lessor's Full Telephone/Mobile No.:					
Lessor's Email Address:					
Monthly Rental:					
3. BUSINESS ACTIVITY					
Line of Business	Code	No. of Units	Capitalization (for New Business)	Gross Sales /Receipts (for Renewal)	
				Essential	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records. Any false or misleading information supplied or production of documents shall be a ground for appropriate legal action against me. **I also agree to comply with the post-regulatory requirements and other deficiencies within thirty (30) days from release of the business permit.** Further, I hereby authorize and consent the Local Government to treat any personal data provided in this application with utmost confidentiality.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

POSITION/TITLE

NOTE: This application should be signed by the applicant/owner, for corporation, partnership and cooperative only the responsible person (President, Manager, Comptroller, Finance Officer and Corporate Secretary). In case of representative or Liason Officer he/she should present authorization letter and ID of the applicant/owner or the responsible person.

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II. LGU SECTION (Do not Fill Up This Section)

1. VERIFICATION OF DOCUMENTS

Description	Office/Agency	COMPLIANCE			EVALUATED BY
		YES	NO	NOT REQUIRED	
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

2. 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				
CENRO Inspection Fee				
Solid Waste Management Fee				
Health Certificate Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Sanitary Inspection				
Mechanical Inspection Fee				
Electronics Inspection Fee				
Signboard/Billboard Renewal Fee				
Bin Plate/Sticker Fee				
Others				
TOTAL FEES				

Assessed by : CTO

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. : _____

Address of Establishment : _____

Signature of Applicant/Owner



Certified by :

Customer Relations Officer

Time and Date Received : _____

Fire Safety Inspection Fee Assessment	
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Important Notice : As per Section 12 of the Implementing Rules and Regulations 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, appliances and devices) may be required to pay additional charges and fees other than Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).