

Date: ____/____/20__

DECLARATION OF GROSS RECEIPTS

Account Number			E – mail Address		
First Name		Middle Name		Last Name	
Business/Trade Name					
Business Address					
Landline No.			Mobile No.		
No. of Employees:		Male:		Female:	

Breakdown of Monthly Gross Sales or Receipts for CY 20__ (for RENEWAL)

MONTH	Line of Business				
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
	PHP	PHP	PHP	PHP	PHP

Please check box of desired mode of payment: Annual Semi-Annual Quarterly

Oath of Undertaking

I hereby certify the accuracy and correctness of all my declarations contained herein and undertakes to comply with all necessary regulatory requirements for the issuance of business permit and license as required by the law or City Ordinance within 30 days from the date machine stamped on my business tax receipt.

Signature over printed name (Owner/Representative)

Position / Title

This space is for BPLO personnel use only
VERIFICATION OF DOCUMENTS

Description	Issuing Office / Agency	Date Issued	Remarks
Barangay Clearance	Brgy. _____		
Fire Safety Inspection Certificate	Bureau of Fire Protection		
CCTV Certificate of Compliance	CCTV Council		

Verified by:

Approval Recommended by:
