

Date: \_\_\_\_/\_\_\_\_/20\_\_

**DECLARATION OF GROSS RECEIPTS**

<b>Account Number</b>		<b>E – mail Address</b>	
<b>First Name</b>		<b>Middle Name</b>	
<b>Business/Trade Name</b>		<b>Last Name</b>	
<b>Business Address</b>			
<b>Business Tel. No.</b>		<b>Business Mobile No.</b>	
<b>No. of Employees:</b>	<b>Male:</b>	<b>Female:</b>	<b>Total:</b>
<i>For Accounting Firms/Bookkeepers Only</i>			
<b>Name of Accounting Firm/Bookkeeper</b>		<b>Contact No.</b>	
<b>Address:</b>	<b>E-mail Address:</b>		

**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

**Please check box of desired mode of delivery of Business Permit:**     *Pick-up on site*     *On-line via E-mail*  
 *Market in-charge (for market stalls)*

**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:  _____	