



UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

Table with 2 columns: Application Type (NEW, RENEWAL, ADDITIONAL) and Payment (Annually, B-Annually, Quarterly)

Date of Receipt: \_\_\_\_\_
Tracking Number: \_\_\_\_\_
Business ID Number: \_\_\_\_\_

A. BUSINESS INFORMATION AND REGISTRATION

Please choose one: Sole Proprietor, One Person Corporation, Partnership, Corporation, Cooperative
Male, Female

DTI / CDA / SEC Registration: Tax Identification Number (TIN):

Trade Name / Franchise (if applicable):

Main Office Address: House/Bldg. No, Name of Bldg., Lot No., Block No., Street, Subdivision, Barangay, District, City, Province, Zip Code

Telephone No: Mobile No: E-mail Address:

(For Sole Proprietorship) Name of Owner: Surname, Given Name, Middle Name, Suffix

(For Corporations/Cooperative/Partnerships) Name of President/Officer In Charge: Surname, Given Name, Middle Name, Suffix

For Corporation: Filipino, Foreign

B. BUSINESS OPERATION

Business Area (in sq.m.), Total No. of Employees in Establishment: Male, Female, No. of Employees residing within the City, No. of Delivery Vehicles (if applicable): Van/Truck, Motorcycle

Business Location Address: Same as Main Office Address, House/Bldg. No, Name of Bldg., Lot No., Block No., Street, Subdivision, Barangay, District, City, Province, Zip Code

Owned? Yes, No, If yes, Tax Declaration No., or Property Identification No., If no, attach copy of Notarized Lease Contract

Do you have tax incentives from any Government Entity? Yes (Please attach copy of your certificate), No

Business Activity (Please check one): Main Office, Branch Office, Admin Office Only, Warehouse, Others, Pls. Specify

Table with 5 columns: Line of Business, Philippine Standard Industrial Code (If Available), Products / Services, No. of Units, Capitalization (For New Business) Last Year's Gross Sales/Receipts (For Renewal)

ATTESTATION AND UNDERTAKING

I undertake to comply with the regulatory requirements and other deficiencies within 30 days from the date of receipt of this application. I further undertake that any misrepresentation and falsification on this application form shall be sufficient ground for the immediate revocation of the business permit (if issued) and shall warrant the closure of any business establishment without further notice, except the closure order itself. Further, this is without prejudice to the filing of civil or criminal cases and other appropriate legal action against one and/or the company I represent and/or its representatives. By affixing my signature below, I hereby attest and certify - THAT I have fully understood the contents and my entries written / entered on this application, that my entries therein are true and correct, with full knowledge of my legal obligation to provide the truth therein; and THAT I shall faithfully abide by all the terms and conditions set forth herein and to strictly observe the existing laws, ordinances, policies, rules and regulations. Authority by the Owner: I hereby attest and certify - THAT the entries written / entered on this application are based upon any instructions and/or with the full authority of any company, as though these were my own acts or that of the company; and THAT the representative signing below is fully authorized to transact and submit this application, as well as receive notices and instructions therefore, for in any behalf and/or that of the company.

SIGNATURE OF APPLICANT / OWNER OVER PRINTED NAME

DESIGNATION / POSITION / TITLE

**Breakdown of Monthly Gross Sales or Receipts for CY ..... (for RENEWAL)**

MONTH	LINE OF BUSINESS				
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

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