



APPLICATION FOR BUSINESS PERMIT

Business Permits & Licensing Office

| | | | |
|--|--|--|---|
| Application Type | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Additional |
| Transfer | <input type="checkbox"/> Ownership | <input type="checkbox"/> Location | |
| From | To: | From: | To: |
| Date of Application | DTI/SEC/CDA Registration No. | | |
| BIN | DTI/SEC/CDA Date of Registration | | |
| Type of Organization | <input type="checkbox"/> Single Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative |
| Are you enjoying tax incentive from any government entity? | <input type="checkbox"/> No | <input type="checkbox"/> If Yes, please specify the entity | |
| Name of Taxpayer | Last name/ First name/ Middle name | Birthdate | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Name of Spouse | Last name/ First name/ Middle name | | |
| Business Name | | | |
| Trade Name/ Franchise | <input type="checkbox"/> Main | <input type="checkbox"/> Branch | |
| Name of President/ Treasurer of the Corporation | Last name/ First name/ Middle name | | |
| Business Area | Owner's Address | | |
| House No./ Bldg. No. | House No./ Bldg. No. | | |
| Street | Street | | |
| Subdivision | Subdivision | | |
| Barangay | City | Barangay | City |
| Province | Tel. No/s. | Province | Tel. No/s. |
| Mobile No. | Email Address | Mobile No. | Email Address |
| Property Index No. (PIN) | | | |
| Business Area (in sq m) | Total No. Of Employees in Establishment | Male/Female | Total No. Of Employees Residing in Mati |
| If Place of Business is Rented, Please Identify the Following | | | Monthly Rental |
| Lessor's Address | Name of Lessor | In case of Emergency | |
| House No./Bldg. No. | Street | Contact Person | |
| Subdivision | Barangay | Tel. No/s. | |
| City | Province | Email Address | |
| Telephone | Email Address | | |

| Code | Business Activity Line of Business | No. Of Units/ Nature of Business Products/ Services handled/ Offered | Capitalization (For New Business) | Gross Sales/ Receipts (Renewal) Essential | Non-Essential |
|------|---------------------------------------|---|--------------------------------------|--|---------------|
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Oath of Undertaking

I undertake to comply with the regulatory requirement and other deficiencies within Thirty (30) days from release of the business permit.

Signature of Applicant over Printed Name

Position/ Title

(Note: Statement of Account issued in relation to this application is subject to re-assessment of taxes and fees.)

Only duly authorized person should sign the form. Please present Secretary's Certificate/ Board Resolution or Special Power of Attorney.

VERIFICATION OF DOCUMENTS (BPLO Use Only)

| Description | Office/ Agency | Date Issued | Verified By/ Date |
|-----------------------------|----------------|-------------|-------------------|
| Barangay Clearance | | | |
| Zoning Clearance | | | |
| Environmental Clearance | | | |
| Occupancy Clearance | | | |
| Sanitary/ Health Clearance | | | |
| Fire Inspection Certificate | | | |
| Others | | | |

Recommending Approval:

PEPITO B. PLAZA
Head, BPLO

Instructions:

- ▶ Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
- ▶ Ensure that all documents attached to this application form are complete and properly filled out.
- ▶ Sketch location of business at the back of this page, if new or transferring.

BPLO HOTLINE No.:
388-4696