



Republic of the Philippines
 Province of Pampanga
CITY OF SAN FERNANDO
 City Administrator's Office
BUSINESS LICENSE & PERMIT DIVISION



Tel. Nos. 649-8540 loc 162 or 167
 Email: blpd@cityofsanfernando.gov.ph / csfp.blpd@gmail.com
 Facebook Page: CSFP BLPD

BUSINESS PERMIT RENEWAL FORM

DATE OF APPLICATION : _____
 BUSINESS CONTROL NUMBER : _____
(Refer to the Mayor's Permit)
 BUSINESS NAME : _____
 TRADE NAME/FRANCHISE NAME : _____
(if applicable)
 OWNER'S NAME : _____

Male Female

CONTACT NO. OF OWNER/ SUPERVISOR: _____
 ACTIVE E-MAIL ADDRESS : _____
 GROSS SALES/ RECEIPTS : _____

NUMBER OF EMPLOYEES : MALE: _____ FEMALE: _____
 NO. OF PROFESSIONAL EMPLOYEES: _____
 (Subject to Prof. Tax)

OTHER PERTINENT INFORMATION (as applicable) :

Computer Shops: No. of Computer Uni : _____ No. of Delivery Trucks/ Vehicles : _____
 AVAIL COURIER SERVICE? : Yes No

I DECLARE UNDER PENALTIES OF PERJURY, that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the city. Any false or misleading information supplied or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree and consent that all personal data (as defined under the Data Privacy Law of 2012 and its Implementing Rules and Regulations) and account transaction information or records with the City Government may be processed, profiled or shared to other government/private agencies and other requesting parties for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

 Signature of Owner / Authorized Representative over _____ Date
 Printed Name

This portion is to be filled-out by the City Government

Community Tax Certificate (Cedula)

		If with CTC (Cedula)	
A. Basic Community Tax:	_____	CTC No.:	_____
B. Additional Community Tax:	_____	Date Issued:	_____
Gross Receipts:	_____	Place of Issue:	_____
Total:	_____	Amount:	_____
Interest:	_____		
Total Amount:	_____		
Assessed by:	_____		

