Republic of the Philippines
Province of Pampanga
CITY OF SAN FERNANDO
Website: www.cityofsanfernando.gov.ph
Tel. No. (045) 649-8540 local 162 or 167

Application Form for Business

FM-CSFP-QMS-20; Revision No. 05

☐New ☐Amendment:
☐ From Single to Partnership ☐ From Partnership to Single ☐ From Corporation to Single ☐ Transfer of Ownership
☐ From Single to Corporation ☐ From Partnership to Corporation ☐ From Corporation to Partnership

Date of Application:	Business Control No.:	
DTI/SEC/CDA Registration No.:	DTI/SEC/CDA date of registration:	
BSP Registration No.:	BSP Date of Registration:	
BIR Certificate Registration No.:	Date:	TIN:
Business/Name:	**Trade Name/ Franchise Name:** (if applicable)	
Owner/Taxpayer Name: Last Name First Name Middle Name	❒ Male ❒ Female	
Name of President/Treasurer of corporation:	ACR No.[for foreigner]:	
Form of Business Organization: (Pls. check appropriate box) ❒ Single Proprietorship ❒ Partnership ❒ Corporation ❒ Cooperative ❒ Association		

	Business Complete Address:	**Owner's Complete Address:**
Bldg. No./ Unit No/ Bldg. Name/ Street		
Barangay		
City/Municipality		
Province		
Tel No./ Mobile No.		
Email Address		
Total Floor Area [in m²]:		Accountant/Bookkeeper:

No. of Employees: Male: Female:	No. of Employee residents of CSFP:	No. of Professional Employees(Subject to Prof. Tax):

Is the place being rented? ☐ yes ☐ no	Lessor's Name: Last Name First Name Middle Name	Business Permit No.:	Monthly Rental:

Business Activity

Nature/Line of Business	Capital Investment [*for New business*]	Gross Sales/Receipts[*for Renewal*]	
		Essential	Non-Essential
Total			

Other pertinent information [as applicable]:

No. of Apartment Units: _____
Gasoline Station: No. of Pumps: _____
Computer Shops: No. of Computer Units: _____
No. of Delivery Trucks/Vehicles: _____
No. of Billiards/Pool:

No. of Videoke: _____
Transport/Storage of Flammable & Combustible Materials
Materials, Hazardous chemicals/gases: No. of Gallons: _____
Explosives: No. of kilos: _____
❒Pick-up Business Permit ❒ Door-to-door delivery

Type of Signage:
☐Neon ☐Illuminated ☐Painted On ☐Others(Specify) _____ No. of Signages/Billboards _____ Size (in m²): _____

I DECLARE, UNDER THE 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 Printed Name

_____
Date

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

Community Tax Certificate (Cedula)

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

Distribution: (1) White: BLPD (2) Green: Treasurer's Office (3) Yellow: Taxpayer

Business Name : _____
Business Address : _____
Owner's Name : _____
Owner's Address : _____

☐ New
☐ Amendment

Location Sketch of Business Establishment

Sketched by: _____
Signature over Printed Name of Owner/Authorized Representative

Date start of business operation:

_____
(MM/DD/YYYY)

Necessary information during on-site inspection of business establishment:

Contact Person: _____

Contact No.: _____