



- New  
 Renewal  
 Amendment:  
 From Single to Partnership  
 From Single to Corporation  
 From Partnership to Single  
 From Partnership to Corporation  
 From Corporation to Single  
 From Corporation to Partnership  
 Transfer of Ownership

**ISO 9001:2008**  
 Cert. No. CIP/3642/05/09/424  
 ISSUANCE OF BUSINESS PERMITS

Date of Application:		Business Control No.:	
DTI/SEC/CDA Registration No.:		DTI/SEC/CDA date of registration:	
BIR Certificate Registration No.:		Date:	TIN:
<b>Business/Trade Name:</b>			
Last Name		First Name	Middle Name
<b>Owner/Taxpayer Name:</b>			
Name of President/Treasurer of corporation:			ACR No.[for foreigner]:
Form of Business Organization: (Pls. check appropriate box)		<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Association	
<b>Business Complete Address:</b>		<b>Owner's Complete Address:</b>	
Bldg. No./ Unit No/ Bldg Name/ Street			
Barangay			
City/Municipality			
Province			
Tel No.			
Email Address			
Total Floor Area [in m <sup>2</sup> ]:		Accountant/Bookkeeper:	
Total No. of Employees:		No. of Employee residents of CSFP:	No. of Professional Employees(Subject to Prof. Tax):
Is the place being rented? <input type="checkbox"/> yes <input type="checkbox"/> 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
<b>Total</b>			

Other pertinent information[as applicable]:

No. of Apartment Units: _____	No. of Videoke: _____
Gasoline Station: No. of Pumps: _____	Transport/Storage of Flammable & Combustible Materials : _____
Computer Shops: No. of Computer Units: _____	Materials, Hazardous chemicals/gases: No. of Gallons: _____
No. of Delivery Trucks/Vehicles: _____	Explosives: No. of kilos: _____
No. of Billiards/Pool: _____	

Type of Signage:  
 Neon  Illuminated  Painted On  Others(Specify) \_\_\_\_\_ No. of Signages/Billboards \_\_\_\_\_ Dimension: Length \_\_\_m Height \_\_\_m

**I DECLARE, UNDER THE PENALTIES OF PERJURY,** that this application form has been accomplished in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the Local Government Code and the Ordinances issued under the authority thereof.

\_\_\_\_\_  
**Signature over Printed Name of Applicant**

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at the \_\_\_\_\_ exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc. No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series \_\_\_\_\_

\_\_\_\_\_  
**Signature over Printed Name of Administering Officer**

N	R	Endorsements	Reference Number	Date	Time In	Time Out	Total Time	Issued by	Remarks
		Zoning Clearance							
		LBOD Clearance							
		Environmental Management Permit							
		Sanitary Permit							
		Fire Safety Inspection Certificate							
		Official Receipt							
		Others [specify]							

Distribution: (1) White: BLPD (2) Green: Treasurer's Office (3) Yellow: Taxpayer (4) Pink: Extra Copy (Notary)

