



- New                       Amendment:  
 Renewal                       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:
<b>Business/Trade Name:</b>			
<b>Owner/Taxpayer Name:</b> Last Name		First Name	Middle Name <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of President/Treasurer of corporation:			ACR No.[for foreigner]:
Form of Business Organization: <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Association (Pls. check appropriate box) <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative			
	<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	Last Name	First Name	Middle Name
	Lessor's 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: _____	<input type="checkbox"/> Pick-up Business Permit <input type="checkbox"/> Door-to-door delivery

Type of Signage:  
 Neon     Illuminated     Painted On     Others(Specify) \_\_\_\_\_ No. of Signages/Billboards \_\_\_\_\_ Size (in m<sup>2</sup>): \_\_\_\_\_

**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 Ordinance issued under the authority thereof.

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

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

Business Name : \_\_\_\_\_  
 Business Address : \_\_\_\_\_  
 Owner's Name : \_\_\_\_\_  
 Owner's Address : \_\_\_\_\_

New  
 Renewal

**Location Sketch of Business Establishment**

Please reproduce this Location Sketch: New (6 copies) - (1) BLPD (2) CENRO (3) CHO (4) BFP (5) LBOD (6) CPDCO  
 Renewal (4 copies) - (1) CENRO (2) CHO (3) BFP (4) LBOD

Sketched by : \_\_\_\_\_  
 Signature over Printed Name of Applicant/Representative  
 Date : \_\_\_\_\_  
 Contact No : \_\_\_\_\_