



- 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 _____ | | <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 <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative | | | |
| | | 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 m ²]: | | 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? <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 |
| | | | |
| | | | |
| | | | |
| Total | | | |
| 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: <input type="checkbox"/> Neon <input type="checkbox"/> Illuminated <input type="checkbox"/> Painted On <input type="checkbox"/> Others (Specify) _____ No. of Signages/Billboards _____ Size (in m ²): _____ | | | |

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.

| | |
|-----------------------------|-------|
| If with CTC (Cedula) | |
| CTC No.: | _____ |
| Date Issued: | _____ |
| Place of Issue: | _____ |
| Amount: | _____ |

Signature of Owner/ Authorized Representative
 over Printed Name / Date

Distribution: (1) White: BLPD (2) Green: CTO (3) Yellow: Taxpayer

