

Payment









Date of Receipt __

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT RENEWAL APPLICATION

	NEW	Annua	lly				,	Tracking Number							
	RENEWAL	Bi-Ann	ually				1	Business ID Number							
	ADDITIONAL	Quarte	erly												
Α.	BUSINESS INFO		ND REGISTRATION												
				One Per	son Corporation Partne	rship 🔲 (Corporation	perative							
		Male	e Female [Male	Female		•								
DT	DTI/SEC/CDA Registration Number: Tax Identification Number (TIN):														
Bus	Business Name:														
Trade Name/Franchise (If applicable)															
M	Main Office Address: House/Bldg No Name of Building Lot No Block No														
CIT	y/iviunicipality	y		Pro	vince		zip code _		-						
Tol	ephone No.:			Mobile	No		Email Address								
161	ephone No			IVIODILE	INO.		Liliali Address								
(Fo	r Sole Proprieto	orshin)	Surname		Given Name	Mid	ddle Name	Suffix							
	me of Owner:), 3111p)	Samanic		Givenivanie	1	adic ivallic	Sumx							
	r Corporation/Co	onerative /	Surname		Given Name	Mid	ddle Name	Suffix							
•	tnerships)	орстанус	Julianie		Given Name		dule Name	Sullix							
	me of President/C	Officer in													
Cha	arge														
For	Corporation	Filipino	o 🗌 Foreign												
В.	BUSINESS OP	ERATION													
Bus	siness Area (in s	sa. m.):	Total No. of er	nplovees	in Establishment N	lo. of Emplo	ovees	No. of Delivery Vehicles (if a	applicable)						
	tal Floor Area (ii					siding with		Van/Truck							
	Same as Main	Office Add	ress												
Dii	sinoss Locatio	n Addrace	· House/Bldg Na	_	Name of Building			ot No. Block No.							
ьu	Silless Locatio	II Auuless.	. House/blug. No	J	Name of Building	Business Location Address: House/Bldg. No Name of Building Lot No Block No									
Street Barangay Subdivision															
Str	eet		B	arangay			Subdivision								
								Code							
Cit	y/Municipality	У			Province		Zip	Code							
Cit		У			Province		Zip								
Cit	y/Municipality	У			Province		Zip	Code							
Cit	y/Municipality	y □ No			Province	o	Zip	Code							
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If r Do Bus	y/Municipality yned?	No Incentives Please checess THE PENAL to the	If yes, Tax Dec	elaration I	Province	n is true an applied, or y agree that rmation or t, legal process.	zip r Property Identific tact Number: ppy of your certif	ation No	authentic grounds for rivacy Law nay be						











UNIFIED APPLICATION FORM FOR BUSINESS PERMIT NEW APPLICATION

		Payment					Date of Receipt					
	NEW	Annua	ally	Tracking Number								
	RENEWAL	Bi-Anr	nually	Business ID Number								
	ADDITIONAL	Quart	erly									
A. BUSINESS INFORMATION AND REGISTRATION Please choose one Sole Proprietorship One Person Corporation Partnership Corporation Cooperative Male Female Male Female												
DT	DTI/SEC/CDA Registration Number: Tax Identification Number (TIN):											
Bu	siness Name:											
Tra	ade Name/Franc	chise (If app	olicable)									
Main Office Address: House/Bldg No Name of Building Lot No Block No Street Barangay Subdivision												
							Code					
		,				,						
	ephone No.:			Mobile	1	Email Address						
-	or Sole Proprieto me of Owner:	orship)	Surname		Given Name	Middle Name	Suffix					
•	r Corporation/Co tnerships)	operative /	Surname		Given Name	Middle Name	Suffix					
Na	me of President/0	Officer in										
Charge Birthday & Birthplace:		Nationality:		Religion:	Gender:	Civil Status:						
	•	☐ Filipin	o 🗌 Foreign									
В.					E . 1111	(F.	N (D): 1/1/1/15 (1)					
	Business Area (in sq. m.): Total No. of employees in Establishment No. of Employees No. of Delivery Vehicles (if applicable) Total Floor Area (in sq. m.):MaleFemale Residing withinVan/Truck Motorcycle											
	Same as Main	Office Add	Iress									
Business Location Address: House/Bldg. No Name of Building Lot No Block No												
Street Barangay Subdivision												
City/Municipality Zip Code Zip Code												
Owned?												
lf r	no: Lessor's Nan	ne:				Contact Number	r:					
Do	you have tax ir	ncentives fr	om any Governm	ent Entity?	Yes (Please attach	a copy of your certificate)					
Business Activity (Please check one): Main Office Brach Office Admin Office Only Warehouse Others Pls. Specify												
	Line of Busin	ess	Philippine Sta Industrial C (If applicat	ode	Products/Services	No. of Units	Capitalization					
I DECLARE UNDER THE PENALTY OF PERJURY that all information in this application is true and correct based on my personal knowledge and authentic records submitted to the 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 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/Municipal Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.												
SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME												
												
DESIGNATION/POSITION/TITLE												