



BUSINESS PERMIT AND LICENSING OFFICE

APPLICATION FOR BUSINESS PERMIT

TRANSACTION TYPE	AMENDMENTS <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Transfer of Location	MODE OF PAYMENT
<input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Additional	FROM:	<input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarterly
	TO:	
DATE OF APPLICATION:		DTI/SEC/CDA REGISTRATION:
REFERENCE NO.:		DTI/SEC/CDA DATE OF REGISTRATION:
TYPE OF ORGANIZATION: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		CTC NO.:
		TIN:
ARE YOU ENJOYING TAX INCENTIVE FROM ANY GOVERNMENT ENTRY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE SPECIFY:

COMPLETE INFORMATION OF OWNER/MANAGER

LAST NAME:	FIRST NAME:	MIDDLE NAME:
POSITION:	OFFICE PHONE(LANDLINE):	MOBLIE NO.:
COMPLETE ADDRESS:	EMAIL ADDRESS:	AGE & BIRTHDAY
SPOUSE NAME:	MOBILE NO.:	NO. OF CHILDREN
REFERENCES:	COMPANY:	CONTACT NUMBER:

BUSINESS INFORMATION

NAME OF BUSINESS(Base on DTI/SEC):			
HOUSE NO.:	BUILDING NO.:	UNIT N.:	STREET:
SITIO:	BARANGAY:	TOWN:	PROVINCE:

COMPANY INFORMATION

NATURE OF BUSINESS:	PRODUCTS/SERVICES:
NUMBER OF EMPLOYEES:	EQUIPMENT/MACHINES:
	FLAMMABLE/COMBUSTIBLE MATERIALS:

BUSINESS ACTIVITY

CODE:	NO.:	CAPITALIZATION	GROSS RECEIPTS DECLARATION:
LINE OF BUSINESS:			

OTHER INFORMATION

PROPERTY INDEX NUMBER(PIN)	BUSINESS AREA (In Sq Mtrs)	NO. OF FLOORS:	NO. OF BUSINESS WHERE BUSINESS IS LOCATED:
IF PLACE OF BUSINESS IS RENTED, PLEASE IDENTIFY THE FOLLOWING: (LESSOR NAME)			
LAST NAME:		FIRST NAME:	
		MIDDLE NAME:	
LESSOR COMPLETE ADDRESS:			MONTHLY RENTAL:

INSPECTION SLIP

COMPANY NAME:	DATE INSPECTED:
NAME OF OWNER:	BUSINESS ADDRESS:
NAME OF INFORMANT:	REMARKS:
BUSINESS IS OPERATING: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME & SIGNATURE OF INSPECTOR:
OWNERSHIP VRIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCATION VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	
REQUIREMENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRODUCTS/SERVICES:	

TO BE CONTACTED IN CASE OF EMERGENCY

NAME:	ADDRESS:	CONTACT NO.:
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I here by declare that the foregoing facts are true and correct to the best of my knowledge and belief and that the same have been given voluntarily without any doubt and deceitful purposes.

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION TITLE

	N	
W		E
	S	