

APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR 2023
CITY/MUNICIPALITY STO.NIÑO

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this form (if any) are complete and properly filled out.

I. APPLICANT SECTION**1. BASIC INFORMATION**

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application:			Registration No. :		
TIN No. :			Date Of Registration :		
Type of Business :	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment :From	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
To	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Are you enjoying the incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity?					
Name of Taxpayer / Registrant					
Last Name:		First Name:		Middle Name:	
Business Name:					
Trade name / Franchise:					

2. OTHER INFORMATION

Note: For Renewal Applications, do not fill up this section unless certain information changed.

Business Address:					
Barangay:			Email Address:		
Telephone No. :			Mobile No. :		
Owner's Address:					
Barangay:			Email Address:		
Telephone No. :			Mobile No. :		
In case of emergency, provide name of contact person:					
Telephone / Mobile No.:				Email Address:	
Business Area (in sq m.):		Total No. of Employees in Establishment:		No. of Employees Residing within LGU:	

Note: Fill Up Only If Business Place is Rented

Lessor's Full Name:					
Lessor's Full Address:					
Lessor's Full Telephone/Mobile No.:					
Lessor's Email Address:					
Monthly Rental:					

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (for Renewal)	
			Essential	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE

APPLICATION FORM FOR BUSINESS PERMIT

II. LGU SECTION (Do Not Fill Up This Section)

1. VERIFICATON OF DOCUMENTS

Description	Office / Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Office of the Building Official			
Barangay Clearance (For Renewal)	Barangay			
Police Clearance	PNP Station			
Mayor's Clearance	Mayor's Office			
Sanitary Permit/Health Clearance	Municipal Health Office			
Municipal Environmental Certificate	City Environment and Natural Resources Office			
Market Clearance (For Stall Holders)	Office of the City Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by: BPLO

OLIVER A. CAMPANO

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount Due	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible / Flammable of Explosive Substance			
Tax on Signboards/Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Garbage Charges			
Permit Fee (Reg. Fee)			
Health Examination Fee			
Sanitary Inspection Fee			
Sanitary Permit Fee			
Franchising Fee			
Verification/Confirmation fee			
Mayor's/Police Clearance			
Building Inspection Fee			
Storage and sale of Combustible/ Flammable or explosive substance			
Application Fee			
Sticker Fee			
Penalties			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (15%)			

Assessed by: MTO _____

FSIF Assesment Approved by: BFP

SF04 MONA LISA A. DE GUZMAN

OFFICER IN CHARGE

O.R No.: _____

Date: _____

Balance: _____

III. CITY/MUNICIPALITY FIRE STATION SECTION

DATE: _____

APPLICATION NO.: _____

(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact No.: _____

Address of Establishment: _____

Signature of Applicant/Owner



Certified by:

Customer Relations Officer

Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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