

## **MAYOR'S PERMIT REQUIREMENT**

1. BPLO/ADMIN. OFFICE
  - Application Form and verification of requirement
2. MUNICIPAL TREASURER'S OFFICE
  - Assessment and Payment
3. BPLO/ADMIN. OFFICE
  - Preparation and Approval

### **REQUIREMENTS NEEDED:**

- For New Business
  - Barangay Clearance
  - DTI/SEC/CDA
  - Zoning Ordinance
- For Renew Business
  - Barangay Clearance
  - Basis for computing tax, fees and charges

### **Note:**

Fire Safety Inspection Certificate from Bureau of Fire Protection and Sanitary Permit and Health Certificate from the Municipal Health Office must also be secure and it requires actual inspection prior to its issuance.

**APPLICATION FORM FOR BUSINESS PERMIT**  
**TAX YEAR \_\_\_\_\_**  
**CITY/MUNICIPALITY \_\_\_\_\_**

**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.

**1. APPLICATION SECTION****1. BASIC INFORMATION**

New  Renewal      Mode of Payment:  Annually  Semi-Annually  Quarterly

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Tax Identification No.: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Type of Business:  Single  Partnership  Corporation  Cooperative

Amendment: From:  Single  Partnership  Corporation

To:  Single  Partnership  Corporation

Are you enjoying tax incentive from any Government Entity?  Yes  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 have changed.

Business Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ 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 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

ANNEX 1 (Page 2 of 2) Application Form for Business Permit				
II. LGU SECTION (Do not Fill Up This Section)				
1. VERIFICATION OF DOCUMENTS				
Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Office of the Building Official			
Barangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	Municipal Health Office			
City Environmental Certificate	Municipal Environment and Natural Resources Office			
Market Clearance (For Stall Holder)	Office of the City/Municipal Market Administrator			
Valid Safety Inspection Certificate	Bureau of Fire Protection			
<b>Verified by: BPLO</b>				
2. ASSESSMENT OF APPLICABLE FEES				
Local Fees	Amount Due	Penalty/Surcharge	Total	
Gross Sales Tax				
Tax on Delivery Vans/Trucks				
Tax on Storage for Combustible/Flammable of Explosive Substance				
Tax on Signboard/Billboards				
REGULATORY FEES AND CHARGES				
Mayor's Permit Fee				
Garbage Charges				
Delivery Trucks/Vans Permit Fee				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Mechanical Inspection Fee				
Plumbing Inspection Fee				
Signboard/Billboard Renewal Fee				
Storage and Sale of Combustible/Flammable of Explosive Substance				
Others				
<b>TOTAL FEES FOR LGU</b>				
<b>FIRE SAFETY INSPECTION FEE (10%)</b>				
Assessed by: MTO		FSIF Assessment Approved by: BFP		
_____		_____		
III. CITY/MUNICIPALITY FIRE STATION SECTION				
APPLICATION NO.: _____		DATE: _____		
<i>(To be filled up by Applicant/Owner)</i>				
Name of Applicant/Owner:				
Name of Business:				
Total Floor Area:		Contact No.:		
Address of Establishments				
_____				
<b>Signature of Applicant/Owner</b>				
<b>Certified By:</b> Customer Relations Officer		Fire Safety Inspection		
Time and Date Received:		Fee Assessment		

*Important Notice: As per Section 12 of the implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g) building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to communicate by representatives of the Bureau of Fire Protection (BFP).*