

**ANNEX 1**

**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.

**I. APPLICANT SECTION**

**1. BASIC INFORMATION**

<input type="checkbox"/> New		<input type="checkbox"/> Renewal		Mode of Payment	
Date of Application :			DTI/SEC/CDA Registration No. :		
TIN :			DTI/SEC/CDA Registration Date :		
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	
To		<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
Are you enjoying tax 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 :			Birth Date :		
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 Employee 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 forgoing 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 THE APPLICANT/TAXPAYER OVER PRINTED NAME

\_\_\_\_\_  
POSITION/TITLE