

APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR 202__
MUNICIPALITY OF BANAYOYO

-

INSTRUCTIONS:

- Provide accurate information and print legibly to avoid delays.
INCOMPLETE APPLICATION FORM WILL BE RETURNED TO THE APPLICANT.
- Ensure that all documents attached to this application form 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: | | | |
| Tax Identification Number (TIN) | | | |
| 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 tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity: | | | |
| Name of Tax payer/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 2708 | 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.:

| | | |
|--------------------------|--|-------------------------------------|
| Business Area (in sq m): | Total No. of Employees in Establishment: | # 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

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 Business) | Barangay (<i>where business is located</i>) | | | |
| Sanitary Permit/Health Certificate/s | Municipal Health Office | | | |
| Mun. Environmental Certificate | Mun. Environment and Natural Resources Office | | | |
| Market Clearance (For Stall Holders) | Office of the Mun. Market Administrator | | | |
| Valid Fire Safety Inspection Certificate | Bureau of Fire Protection | | | |
| DTI/SEC/CDA Registration Certificate | DTI/SEC/CDA | | | |
| Zoning Certification/Clearance | Office of the Zoning Administrator | | | |
| Book/Record of Sales/Sworn Statement of Sales | | | | |
| Contract of Lease (if Lessee) | Lessor/Owner | | | |
| Certificate of Non-Delinquency/RPT Clearance | Municipal Treasury Office | | | |

Verified by: **BPLO**

NERREL FERN A. MELITON

2. ASSESSMENT OF APPLICABLE FEES

| Local Taxes | Amount Due | Penalty (Surcharge/ | Interest) | Total |
|--|------------|---------------------|-----------|-------|
| Gross Sales Tax | | | | |
| <small>Tax on Delivery Vans/Trucks</small> | | | | |
| <small>Tax on Storage for Combustible/Flammable or Explosive Substance</small> | | | | |
| <small>Tax on Signboard/Billboards</small> | | | | |
| REGULATORY FEES AND CHARGES | | | | |
| Mayor's Permit Fee | | | | |
| Garbage Charges | | | | |
| <small>Delivery Trucks/Vans Permit Fee</small> | | | | |
| Sanitary Inspection Fee | | | | |
| <small>Building Inspection Fee</small> | | | | |
| <small>Electrical Inspection Fee</small> | | | | |
| <small>Mechanical Inspection Fee</small> | | | | |
| <small>Plumbing Inspection Fee</small> | | | | |
| <small>Signboard/Billboard Renewal Fee</small> | | | | |
| <small>Signboard/Billboard Permit Fee</small> | | | | |
| Storage and Sale of Combustible/ Flammable or Explosive Substance | | | | |
| Others: | | | | |
| Business Plate | | | | |
| Sticker | | | | |
| TOTAL FEES for LGU | | | | |
| FIRE SAFETY INSPECTION FEE (15%) | | | | |

Assessed by: **MTO**

FSIF Assessment Approved by: **BFP**

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:

Important Notice: As per Section _____ of the Implementing Rules and Regulations of the Fire Code of _____, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of fire fighting 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 be communicated by representatives of the Bureau of Fire Protection (BFP).