

**Application Form for Business Permit**

TAX YEAR 20\_\_

**MUNICIPALITY OF BENITO SOLIVEN**

Application No. \_\_\_\_\_

**INTRUCTIONS:**

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 APPLICANT SECTION**

**1. BASIC INFORMATION**

New       Renewal      Mode of Payment:     Annually     Semi-Annually     Quarterly

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

TIN No: \_\_\_\_\_ DTI/SEC/CDA Registration No: \_\_\_\_\_

Type of Business:     Single     Partnership     Corporation     Cooperative

Amendment:    From     Single     Partnership     Corporation

To         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: \_\_\_\_\_

**2. OTHER INFORMATION**

**Note: for renewal application**, 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 with in LGU: _____
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Note: Fill up Only if Business Place is Rented

Lessor's Full Name:    Public Market

Lessor's Full Address: \_\_\_\_\_

Lessor's Full Telephone/Mobile No.: \_\_\_\_\_

Lessor's Email Address: \_\_\_\_\_

Monthly Rentals: \_\_\_\_\_

**3. Business Activity**

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (for Renewal)	
			Essential	None 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.

\_\_\_\_\_

**OWNER**

Position/Title

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	Mun. Health Office			
City Environmental Certificate	Mun. Environment and Natural Resources Office			
Market Clearance (For Stall Holder)	Office of the Mun. Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by:  
**LEONIDA M. ADELAN**  
BPLO-Designee

**2. ASSESSMENT OF APPLICABLE FEES**

Local Taxes	Amount Due			Total
	Quarterly	Semi-annual	Annually	
Gross Sales Tax				
Municipal Business Tax				
Community Tax Certificate				
CTC Number:				
<b>REGULATORY FEES AND CHARGES</b>				
Mayor's Permit Fee				
Garbage Charges				
Filing Fee				
Business Plate/Sticker				
Penalt				
Weight & Measure				
Transport to Operate				
Storage Tank				
Occupation Tax				
Zoning Clearance				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Plumbing Inspection Fee				
Permit fee on Storage of Flammable and				
Others				
<b>TOTAL FEES FOR LGU</b>				

Assessed by:  
**JULIETA S. ABUTAZIL**  
\_\_\_\_\_  
OIC-Municipal Treasurer

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: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Certified by: \_\_\_\_\_

Customers' Relation Officer: \_\_\_\_\_

Time and Date Received: \_\_\_\_\_

<b>Fire Inspection Fee Assessment</b>	P
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*Important Notice: As per Section 12 of the Implementing Rules and Regulation of the Fire Code of 2008, certain establishment (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 & 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)*