



## APPLICATION FORM FOR BUSINESS PERMIT

**MUNICIPALITY OF PALANAN  
BUSINESS PERMIT AND LICENSING OFFICE**

TAX YEAR \_\_\_\_\_

### 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 application form are complete and properly filled-up.
3. If the filer or receiver is not the owner, submit Special Power of Attorney or Authorization Letter Duly notarized.

### 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:				DTI/SEC/CDA Registration No.					
TIN:				Date of Registration					
Type of Business:		<input type="checkbox"/> Single Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation		<input type="checkbox"/> Cooperative	
Amendment: From:		<input type="checkbox"/> Single Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation			
To:		<input type="checkbox"/> Single Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation			
Are you enjoying the 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 Address:								
Trade name / Franchise:						Signage Size:		

#### 2. OTHER INFORMATION

**Note: For renewal applications, do not fill up this section unless certain information have changed.**

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 No:			Email Address:		
<b>Business Area (in.sq.m.):</b>		<b>Total No. Employee in Establishment:</b>		<b>No. of Employees Residing within LGU:</b>	
		Male: ____ Female: ____			

Note: Fill Up Only If Business Place is Rented

Lessor's Full Name:					
Lessor's Full Address:					
Lessor's Full Telephone/Mobile:					
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 informaton 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 I. (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	Signature
Certificate of Occupancy	Office of the Mun. Engineer/ Building Official				
Zoning Permit (New)	MPDO				
Barangay Clearance	Barangay				
Sanitary Permit/ Health Certificate	Municipal Health Office				
Municipal Environmental Clearance	MENRO				
Market Clearance (for stall holders)	Office of the Muni. Market Administrator				
Business Name Registration Cert.	Department of Trade and Industry				
Environmental Cert. Clearance (if app.)	DENR				
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection				

Verified by: BPLO

**PRECIOUS GAE B. OCHOA**

Licensing Officer I

**2. ASSESSMENT OF APPLICABLE FEES**

LOCAL TAXES	REFERENCE	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				
<b>REGULATORY FEES AND CHARGE</b>				
Mayor's Permit Fees				
Garbage Charge				
Delivery Trucks/Vans Permits Fee				
Sanitary inspection Fee				
Building inspection Fee				
Electrical Inspection Fee				
Mechanical inspection Fee				
Plumbing inspection Fee				
Signboard/Billboard Renewal Fee				
Signboard/Billboard Permit Fee				
Storage and Sales of Combustible/ Flammable or Explosive substance				
OTHERS:				
<b>TOTAL FEES for LGU</b>				
<b>FIRE SAFETY INSPECTION FEE (15%)</b>				

Assessed By: MTO

FSIF Assessment Approved By: BFP

\_\_\_\_\_  
**WILBERT E. BAUTISTA**

**III. MUNICIPAL FIRE STATION SECTION**

APPLICATION NUMBER (TO BE FILLED UP BY THE APPLICANT/OWNER): \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Total Floor Area \_\_\_\_\_ Contact No: \_\_\_\_\_

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

Signature of Applicant/Owner



Certified By:

Customer Relation Officer: \_\_\_\_\_

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

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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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 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).