



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 return 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 No. | | | | | |
| 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 INFORMATON

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: | | |
| Business Area (in.sq.m.): | | Total No. Employee in Establishment: | | No. of Employees Residing within LGU: | |
| | | 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 |
|--|--|-----|----|------------|-----------|
| Occupancy/Zoning Permit (new)- owners only | Office of the Municipal Engineer | | | | |
| Barangay Clearance | Barangay | | | | |
| Sanitary permit/Health Clearance | Municipal Health Office | | | | |
| Municipal Environmental Clearance | MENRO | | | | |
| Market Clearance (for stall holders) | Office of the Municipal Market Administrator | | | | |
| Valid Fire Safety Inspection Certificate | Bureau of Fire Protection | | | | |

Verified by: BPLO

GENEVIE C. CABALDO, CPA

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 | | | | |
| REGULATORY FEES AND CHARGE | | | | |
| 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: | | | | |
| TOTAL FEES for LGU | | | | |
| FIRE SAFETY INSPECTION FEE (15%) | | | | |

Assessed By: MTO

FSIF Assessment Approved By: BFP

WILBERT E. BAUTISTA

JEREMIAS G. CORPUZ

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 _____

Sign of Applicant/Owner

Certified By:
Customer Relation Officer: _____

Time and Date Received: _____

| | |
|---|--|
| FIRE SAFETY INSPECTION 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 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).