



APPLICATION FORM FOR MOTORCYCLE 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. _____							
				Date of Registration _____							
Type of Motorcycle		<input type="checkbox"/> Tricycle for Hire		<input type="checkbox"/> Kulong-Kulong		<input type="checkbox"/> Others: _____					
Are you a member of a Tricycle Operators and Drivers Association?								<input type="checkbox"/>		<input type="checkbox"/>	
If yes, please indicate name of TODA: _____											
Route/s: _____ <input type="checkbox"/>											

Name of Applicant/ 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: _____		
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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 requirements and other deficiencies, if any, within 30 days from release of the permit.

SIGNATURE OF APPLICANT/REGISTRANT OVER PRINTED NAME
II. LGU SECTION (Do not fill up this section)
1. VERIFICATION OF DOCUMENTS

DESCRIPTION	YES	NO	REMARKS
1. DRIVER'S LICENSE			
2. LTO CERT. OF REGISTRATION (CR)			
3. LTO OFFICIAL RECEIPT (OR)			
4. BARANGAY CLEARANCE			
5. CEDULA			

Verified by: BPLO

PRECIOUS GAE B. OCHOA

Licensing Officer I

2. ASSESSMENT OF APPLICABLE FEES

PARTICULARS	REFERENCE	AMOUNT DUE	PENALTY/ SURCHARGE	TOTAL
Permit to Operate (MTO)				
Annual Fee				
Filing Fee				
OTHERS:				
FEEs for LGU				

Assessed By: MTO

