



Republic of the Philippines
Office of the City Mayor
Permits and Licensing Division
City of Puerto Princesa
APPLICATION FORM FOR BUSINESS PERMIT
YEAR _____

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incompletely filled-up application form will be returned to the applicant.
2. Ensure that all required documents attached to this form are complete and properly filled out.

I. APPLICATION SECTION**BIN:** _____**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 Registration No. :			
TIN No. :		SEC/ CDA 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 tax incentive from any Government entity? <input type="checkbox"/> Yes. Please specify the entity _____ <input type="checkbox"/> No					

Name of Taxpayer / Registrant / Administrator

Last Name	First Name:	Middle Name:	
BirthDate:	Birth Place:	Gender:	Civil Status:
Nationality:	Religion:	Contact No.:	
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:		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:			
Property Index Number (PIN): Business Area (in sq. m.):	Total No. of employees in Establishment: Male _____ Female _____	No. of Employees Residing within LGU:	

Note: Fill up Only If Business Place is Rented

Lessor's Full Name:	Building Name:	Unit #:
Lessor's Address:		
Lessor's Telephone No:	Mobile No:	
Lessor's Email Address:		
Monthly Rental:		

3. BUSINESS ACTIVITY

Line of Business	No. of Units.	Capitalization (for New Business)	Gross/Receipts (for Renewal)	
			Essential	Non - Essential

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true to the best of my knowledge and supported by authentic documents. Further, I agree to comply with the regulatory requirement and other deficiencies within Ninety (90) days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/ TITLE

II. LGU SECTION (Do not Fill up this Section)**1. VERIFICATION OF DOCUMENTS**

Description	Office/Agency	Yes	No	N/A
Proof of Registration(DTI, SEC/ CDA) – New Business	DTI, SEC, CDA			
Basis for Computing Taxes, Fees & Charges (New –Capital; Renewal-Gross Sales)	DTI, SEC, CDA, BIR			
Occupancy Permit (New) If required by Nat'l Laws	City Eng'g Office			
Contract of Lease (New) if Lessee	Owner of Building/Lot			
Barangay Business Clearance (New & Renewal) New applicants with Occupancy Permit are not required.	Barangay where business is located			

Verified by: BPLO
