

Application Form for Business Permit TAX YEAR 20____ MUNICIPALITY OF DINALUPIHAN

INSTRUCTIONS:									
1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.									
Ensure that all documents attached to this application form are complete and properly filled out. I. APPLICATION SECTION									
1. BASIC INFORMATION									
New	Renewal	Mode of Pay	/ment	Annually	Semi- Ann	ually Quarterly			
Date of Application:	DTI/SEC/CDA Registration No.:								
TIN No:			DTI/SEC/CDA Date of Registration:						
Type of Business:	Single	Partnership		Corporation	Cooperative				
Amendment From	Single	Partnership		Corporation					
То	Single	Partnership		Corporation					
Are you enjoying tax incentive from any Government Entity? Yes No Please specify?									
	TAX PAYER / REGISTRANT INFORMATION:								
Last Name	T	First Name			Middle Name				
Birthday:	Gender:		Civil Status:		Citizenship:				
Address:		T							
Postal Code: Email Address:									
Telephone No:		Mobile No:							
TAX PAYER'S REPRESENTATIVE:									
Name:			Contact No.:		Email:				
2. BUSINESS INFORMATION: Note: For renewal applications, do not fill up this section unless certain information have changed.									
Business Name:									
Trade name/Franchise:									
Business Address:				Website:					
Postal Code: Email Address:				Facebook Link:					
Telephone No:		Mobile No:			_				
Business Area (in square meters):		No. of Emplo	No. of Employees:			No. of Employees residing with in Dinalupihan :			
Note: Fill up only if Business Pla	ce is Rented								
Lessor's Full Name :									
Lessor's Full Address :									
Lessor's Full Telephone/ Mobile	No.:								
Monthly Rental:									
3. BUSINESS ACTIVITY		No. of Units	Canit	alization	Cross / Salas Be	eceipts (for Renewal)			
Line of Business		NO. OF OTHES	Capitalization (for New Business)		Essential	Non- Essential			
					 				
					 				
I DECLARED 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 requirements and other defeciences within 30 days form release of the business permit									
			SIGNAT	JRE OF APPLICA	NT/TAXPAYER OVE	ER PRINTED NAME			

POSITION/ TITLE

ANNEX 1 (Page 2 of 2) Application for Business Permit									
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 Bldg. Official	1123	110	NOT NEEded					
Barangay Clearance (New/Renewal)	BPLO								
Sanitary Permit/ Health Clearance	мно								
Market Clearance (For Stall Holders)	P. Market Admin Office								
Lease contract (if Rented)	Real Estate Lessor								
CTC- CTC Corp.	MTO								
DTI/SEC/ Coop Registration	DTI/SEC/CDA								
Valid Fire Safety Inspection Certificate	Bureau of the Protection								
Verified by: BPLO									
2. ASSESSMENT OF APPLICABLE FEES									
Local Taxes	Amount Due	Penalty/ Surcharge		Total					
Gross Sales Tax									
Tax on Delivery Vans/ Trucks									
Tax on Storage for Combustible/ Flammable of									
Explosive Subtance									
Tax on Signboard/ Billboards									
REGULATORY FEES AND CHARGES									
Mayor's Permit Fee									
Garbage Charges									
Delivery Trucks/ Vans Permit Fee									
Sanitary Inspection Fee									
Building Inspection Fee									
Electrical Inspection Fee									
Mechanical Inspection Fee									
Plumbing Inspection Fee									
Signboard/ Billboard Renewal Fee									
Inspection Fee									
Sanitary Permit Fee									
Service Fee									
Others									
TOTAL FEES for LGU									
FIRE SAFETY INSPECTION FEE (15% of Regulatory Fees or 500.00 Pesos whichever is higher)									
ssessed by: BPLO FSIF Assessment Approved by: BFP									
III. CITY/ MUNICIPALITY FIRE STATION SECTION	l .								
APPLICATION NO: DATE: (TO BE FILLED UP BY APPLICANT/ OWNER)									
Name of Owner/ Proprietor:									
Name of Business:									
Total Floor Area :									
Address of Establishment:									
Signature of Applicant/ Owner	-								
Certified by:		FIRE SAFETY INSPECTION]						
Costumer Relations Officer	Fee Assessment								
Time and Date Received:									

Important Notice: As per section 12 of the implementing rules and regulations of the fire code of 2008, certain establishment (e.g. building lessors, fire earthquake and explosions hazard companies, and vendor of fire fighting equipment, appliances and devices) maybe require 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)