



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.
2. Ensure that all documents attached to this application form are complete and properly filled out.

I. APPLICATION 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 No:		DTI/SEC/CDA Date of Registration:			
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment	From	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
	To	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify?					

TAX PAYER / REGISTRANT INFORMATION:

Last Name		First Name		Middle Name
Birthdate:	Gender:	Civil Status:	Citizenship:	
Address:				
Postal Code:		Email Address:		
Telephone No:		Mobile No:		

TAX PAYER'S REPRESENTATIVE:

Name:	Contact No.:	Email:
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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 Employees:	No. of Employees residing with in Dinalupihan :

Note: Fill up only if Business Place is Rented

Lessor's Full Name :
Lessor's Full Address :
Lessor's Full Telephone/ Mobile No.:
Monthly Rental:

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization (for New Business)	Gross/ Sales Receipts (for Renewal)	
			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

SIGNATURE OF APPLICANT/TAXPAYER OVER 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			
Barangay Clearance (New/Renewal)	BPLO			
Sanitary Permit/ Health Clearance	MHO			
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 Substance			
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)

Assessed by: BPLO

FSIF Assessment Approved by: BFP

III. CITY/ MUNICIPALITY FIRE STATION SECTION

APPLICATION NO: _____ DATE: _____

(TO BE FILLED UP BY APPLICANT/ OWNER)

Name of Owner/ Proprietor: _____

Name of Business: _____

Total Floor Area : _____ Contact No. _____

Address of Establishment: _____

Signature of Applicant/ Owner



Certified by:

Costumer Relations 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 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)