



APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR \_\_\_\_\_

CITY OF TAGAYTAY

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 form(if any)are complete and properly filled out.

1. 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 Registration No:				
Type of Business:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation				
Ammendment:	From	<input type="checkbox"/>	Single	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Cooperative	
	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	
Name of Taxpayer/Registrant										
LASTNAME:				FIRSTNAME:				MIDDLE NAME:		
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:										
Telephone/mobile No:						Email Address:				
Business Area (in sqm):			Total No.of employees in Establishment:					No.of Employees Residing within LGU		

Note: Fill Up Only If Business Place is Rented

Lessors Full Name:										
Lessor's full address:										
Lessor's Full Telephone/Mobile no.:										
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-Essentials

I DECLARE 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 requirement and other deficiencies within 30 days from release of the business permit.

Approved By:

ENGR.GREGORIO M. MONREAL  
City Administrator

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME  
\_\_\_\_\_  
POSITION TITLE

ANNEX 1 (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
Occupancy Permit (For New)	Office of the Building Official			
Barangay Clearance(For Renewal)	Barangay			
Sanitary Permit/Health Clearance	City Health Office			
City Environmental Certificate	City Environment and Natural Resources office			
Market Clearance(For Stall Holders)	Office of the City Market Administrator			
Valid Fire safety inspection Certificate	Bureau of Fire Protection			
Verified by:  DANIEL P. ALCALA OIC 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				
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				
Storage and Sale of Combustible/ Flammable or Explosive Substance				
Others				
TOTAL FEES for LGU				
FIRE SAFETY INSPECTION FEE (10%)				
Assessed by:		FSIF Assestment Approved by:BFP		
EVELYN M. ESCAMILLAS OIC - City Treasurer				
III CITY MUNICIPALITIES FIRE STATION SECTION				
DATE: _____				
APPLICATION NO.: _____ (TO BE FILLED UP BY APPLICANT/OWNER)				
Name of Applicant/Owner: _____				
Name of Business: _____				
Total Floor Area: _____		Contact No.: _____		
Address of Establishment: _____				
Signature of Applicant/Owner				
Certified by:				
Customer Relations officer		FIRE SAFETY INSPECTION		
Time and Date Received: _____		Flit ASSESSMENT:		

Important Notice: As per Section 12 of the Implenting 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) ma be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in anot process to be communicated by representatives of Bureau of fire protection (BFP).