

**APPLICATION FORM FOR BUSINESS PERMIT**

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

**MUNICIPALITY OF BALAGTAS**

**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.

**I. APPLICANT SECTION**

**1. BASIC INFORMATION**

New     Renewal    Mode of Payment:     Annually     Semi-Annually     Quarterly

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

TIN Number: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Type of Business:     Single     Partnership     Corporation     Cooperative

Ammendment: From     Single     Partnership     Corporation

To     Single     Partnership     Corporation

Are you enjoying tax incentive from any Government entity?     Yes     No    Please specify the entity?

Name of Taxpayer/ Registrant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Business Name:

Trade Name/Franchise

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 Number of Employees In Establishment	Number of Employees Residing within LGU:
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**Note: Fill up only if Business Place is Rented**

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full Telephone/Mobile No.:

Lessor's Full Email Address:

Monthly Rental:

**3. BUSINESS ACTIVITY**

Line of Business	No. of Units	Capitalization (For New Business)	Gross/Sales Receipt(For Renewal)	
			Essential	Non-Essential

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.

\_\_\_\_\_  
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	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)	Market Clearance(for Stall Holder)			
Valid Fire Safety Inspection Certificate	Valid Fire Safety Inspection Certificate			

Verified by: BPLO

**2. ASSESMENT 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			
<b>REGULATORY FEES AND CHARGES</b>			
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/Flamable or Other			
<b>TOTAL FEES FOR LGU</b>			
<b>FIRE SAFETY INSPECTION FEE(10%)</b>			

Assessed by: CTO

PSIF Assesment Approved by:BFP

**III. CITY / MUNICIPALITY FIRE STATION SECTION**

APPLICATION NO. \_\_\_\_\_ Date: \_\_\_\_\_  
 (to be filled up by applicant)  
 Name of Applicant / Owner: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_  
 Total Floor Area: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Address of Establishment: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant / Owner

Certified by:  
 Customer Relation Officer  
 Time and Date Received: \_\_\_\_\_

FIRE SAFETY INSPECTION FEE ASSESSMENTS:	
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Important notice: As per Section 12 Implementing Rules and Regulation of the Fire Code of 2008, certain establishments(e.g. building lessor, fire, earthquake, and explosions hazard insurance companies, and vendors of fire fighting equipment, appliance and devices) may be required to pay additional charges and fees other than Fire Safety Inspection Fees. These shall be collected during the inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP)