

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT



REPUBLIC OF THE PHILIPPINES
TAX YEAR _____
MUNICIPALITY OF MANOLO FORTICH

	<input checked="" type="checkbox"/>	Mode of Payment	Date of Receipt: _____
NEW		Annually	Account Number: _____
RENEWAL		Bi-annually	Business ID Number: _____
ADDITIONAL		Quarterly	Transfer: Ownership <input type="checkbox"/> Location <input type="checkbox"/>

A. BUSINESS INFORMATION AND REGISTRATION

Please choose one

Sole Proprietorship One Person Corporation Partnership Corporation Cooperative
 Male Female Male Female

DTI/SEC/CDA Registration Number: _____ Tax Identification Number (TIN): _____

Business Name: _____

Trade Name/Franchise (if applicable): _____

OWNER'S ADDRESS: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____
 Street _____ Barangay _____ Subdivision _____
 City/Municipality _____ Province _____ Zip Code _____

Telephone No.: _____ Mobile No.: _____ Email Address: _____

<input checked="" type="checkbox"/> (For Sole Proprietorship) Name of Owner:	Surname: _____	Given Name: _____	Middle Name: _____	Suffix: _____
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<input checked="" type="checkbox"/> (For Corporations/ Cooperative/Partnerships) Name of President/Officer in Charge:	Surname: _____	Given Name: _____	Middle Name: _____	Suffix: _____
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For Corporation: Filipino Foreign

B. BUSINESS OPERATION

Business Area (in sq.m): _____ Total No. of Employees in Establishment _____ No. of Employees Residing within the Municipality _____ No. of Delivery Vehicles (if applicable) _____
 Total Floor Area (in sq.m): _____ Male _____ Female _____ Van/Trucks _____ Motorcycle _____

Same as Owner's Address

Business Location Address: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____
 Street _____ Barangay _____ Subdivision _____
 City/Municipality _____ Province _____ Zip Code _____

Owned? Yes No If Yes, Tax Declaration No. _____ or Property Identification No. _____

Do you have tax incentives from any Government Entity? Yes (Please attach a copy of your certificate) No

Business Activity (Please check one): Main Office Branch Office Admin Office Only
 Warehouse Others Pls. Specify _____

<input checked="" type="checkbox"/> LINE OF BUSINESS	Philippine Standard Industrial Code (If Available)	<input checked="" type="checkbox"/> PRODUCTS/SERVICES	<input checked="" type="checkbox"/> No. of Units	<input checked="" type="checkbox"/> CAPITALIZATION (For New Business)	<input checked="" type="checkbox"/> LAST YEAR'S GROSS SALES/RECEIPTS (For Renewal)

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the Business Permit and Licensing Office. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its Implementing Rules and Regulations) and account transaction information or records with the Municipal Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

SIGNATURE OF APPLICANT/ OWNER OVER PRINTED NAME

DESIGNATION/POSITION / TITLE

C. LGU SECTION (Do not Fill out this Section)				
VERIFICATION OF DOCUMENTS				
DESCRIPTION	OFFICE/AGENCY	REMARKS	NAME & SIGNATURE	DATE
GENERAL REQUIREMENTS:				
✓ Community Tax Certificate (CTC)/Cedula where business is located	MLGU			
✓ Locational Clearance	MPDO			
✓ Building/Occupancy Permit	OBO			
✓ Municipal Environmental Sanitation Clearance	MENRO			
✓ Sanitary/ Health Permit	MHO			
✓ Fire Safety Inspection Certificate	BFP			
✓ Payment	MTO			
Others, please specify:				
REQUIREMENT FOR NEW BUSINESS: (Please attach to application form)				
Authorization letter (if transacted by a representative)	CLIENT			
Photocopy of valid ID of representative	CLIENT			
Paid-up capital of the business as shown in the Articles of Incorporation, if a corporation or partnership, or a sworn statement of the capital invested by the owner or operator, if a sole proprietorship	CLIENT			
DTI/SEC/CDA Certificate of registration	CLIENT			
Franchise Agreement if Franchisee – one (1) photocopy	Franchisor			
Certificate of Tax Exemption from local taxes or fees, if exempt	Bureau of Internal Revenue			
Transfer Certificate of Title or Tax Declaration (<i>if owned</i>)/Contract of Lease (<i>if not owned</i>)	CLIENT			
Location plan/Subdivision plan/Sketch showing exact position and area occupied by business being applied for	CLIENT			
Picture of the Establishment (<i>in front of the store</i>)	CLIENT			
REQUIREMENT FOR RENEWAL OF BUSINESS: (Please Attach to the application form)				
Proof of annual gross receipts which may include: i. Audited Financial Statements (“AFS”) or unaudited AFS for those who are not required to file AFS with the BIR or ii. Sworn declaration of gross sales or receipts; or iii. Income Tax Return	CLIENT			

Documents Checked & Verified by:

Assessed & Recommended by: