|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **b- - CopySantol Logo New.pngAPPLICATION FORM FOR BUSINESS PERMIT**  **TAX YEAR \_\_\_\_\_\_\_**  **MUNICIPALITY OF SANTOL**  Application No.: \_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **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. APPLICATION SECTION** | | | | | | | | | | | | | | | | |
| 1. **BASIC INFORMATION** | | | | | | | | | | | | | | | | |
| New Renewal | | | | | Mode of Payment: Annually Semi-Annually Quarterly | | | | | | | | | | | |
| Date of Application: | | | | | | | | | DTI/CDA Registration No: | | | | | | | |
| Tin No: | | | | | | | | | DTI/CDA Date of Registration: | | | | | | | |
| Type of Business: Single Partnership Corporation Cooperative | | | | | | | | | | | | | | | | |
| Amendment: 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: | | | | | | | | | | | | | | | | |
| **2. OTHER INFORMATION**  **Note: For renewal applications** do not fill up this section unless certain information have changed. | | | | | | | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | | | | | |
| Postal Code: 2516 | | | | | | | | Email Address: | | | | | | | | |
| Telephone No: | | | | | | | | Mobile No.: | | | | | | | | |
| Owners Address: | | | | | | | | | | | | | | | | |
| Postal Code:2516 | | | | | | | | Email Address: | | | | | | | | |
| Telephone No.: | | | | | | | | Mobile No.: | | | | | | | | |
| In case of emergency, provide name of contact person: | | | | | | | | | | | | | | | | |
| Telephone/Mobile No.: | | | | | | | Email Address: | | | | | | | | | |
| Business Area (in sq m.) | | Total No. of Employees in Establishment: | | | | | | | | | | No. of Employees Residing within LGU: | | | | |
| **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 Email Address: | | | | | | | | | | | | | | | | |
| Monthly Rental: | | | | | | | | | | | | | | | | |
| **3. BUSINESS ACTIVITY** | | | | | | | | | | | | | | | | |
| Line of Business | No. of Units | | | | Capitalization  (for New Business) | | | | | | Gross/Sales Receipts (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**  **ANNEX 1 (Page 2 of 2) Application Form for Business Permits** | | | | | | | | | | | | | | | | |
| **II. LGU SECTION (Do Not Fill Up This Section)** | | | | | | | | | | | | | | | | |
| 1. **VERIFICATION OF DOCUMENTS** | | | | | | | | | | | | | | | | |
| **Description** | | | | | | **Office/Agency** | | | | | | | **YES** | | **NO** | **Not Needed** |
| a. Barangay Clearance and Business Clearance | | | | | | Barangay | | | | | | |  | |  |  |
| b. Tax Clearance/RPT O.R. (Previous Year) | | | | | | MTO | | | | | | |  | |  |  |
| c. Zoning Clearance/Building Permit | | | | | | Zoning Admin Section | | | | | | |  | |  |  |
| d. Sanitary/Health Certificate (SLIC) | | | | | | Municipal Health Officer/SLIC | | | | | | |  | |  |  |
| e. Occupancy Permit/Annual Inspection Certificate | | | | | | Engineering Office | | | | | | |  | |  |  |
| f. Fire Safety Inspection Certificate | | | | | | Fire Department | | | | | | |  | |  |  |
| g. DTI Registration (New)/ BIR Clearance | | | | | | Negosyo Center/ BIR | | | | | | |  | |  |  |
| h. Others, please specify:  **HDMF (Pag-ibig), 2x2 ID picture**  **Last Year’s MP** | | | | | |  | | | | | | |  | |  |  |
| **Verified by: BPLO**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
| **Local Sales Tax** | | | **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 | | |  | | | | | | |  | | | |  | | |
| Signboard/Billboard Renewal Fee/Sticker | | |  | | | | | | |  | | | |  | | |
| Storage and Sale of Combustible/  Flammable or Explosive Substance | | |  | | | | | | |  | | | |  | | |
| Others | | |  | | | | | | |  | | | |  | | |
| **TOTAL FEES for LGU** | | |  | | | | | | |  | | | |  | | |
| **FIRE SAFETY INSPECTION FEE** | | |  | | | | | | |  | | | |  | | |
| **Assessed by: BPLO FSIF Assessment Approved by: BFP**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**  **III. MUNICIPALITY 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:**  **FIRE SAFETY INSPECTION**  Customer Relations Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **FEE ASSESSMENT:**  Time and Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |