|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |