



APPLICATION 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:
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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 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: <b>HDMF (Pag-ibig), 2x2 ID picture</b> <b>Last Year's MP</b>				

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			
<b>TOTAL FEES for LGU</b>			
<b>FIRE SAFETY INSPECTION FEE</b>			

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:

Customer Relations Officer: \_\_\_\_\_

Time and Date Received: \_\_\_\_\_

FIRE SAFETY INSPECTION  
FEE ASSESSMENT:

