

Republic of the Philippines  
Province of Cavite  
Trece Martires City  
**BUSINESS PERMIT APPLICATION FORM**  
**TAX PAYER**

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional		<input checked="" type="checkbox"/> <b>Amendment:</b> <input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Single <input type="checkbox"/> From Corporation to Partnership		<b>Mode of payment</b> <input type="checkbox"/> Annually <input type="checkbox"/> Bi- Annually <input type="checkbox"/> Quarterly	
<input checked="" type="checkbox"/> <b>Transfer:</b> <input type="checkbox"/> Ownership <input type="checkbox"/> Location					
Date of Application:		DTI/SEC/CDA Registration No.:			
Reference No.:		DTI/SEC/CDA Date of Registration No.:			
Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		CTC No.:			
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> yes <input type="checkbox"/> no    Please specify the entity:					
<b>Name of Tax Payer:</b>					
Last Name:		Firstname:		Middle Name:	
Business Name:					
Trade Name/Franchise:					
<b>Name of President/Treasurer of corporation:</b>					
Last Name:		Firstname:		Middle Name:	
<b>Business Address</b>			<b>Owner's Address</b>		
House No./ Bldg. No.:			House No./ Bldg. No.:		
Building Name:			Building Name:		
Unit No.:			Unit No.:		
Street:			Street:		
Barangay:			Barangay:		
Subdivision:			Subdivision:		
City/Municipality:			City/Municipality:		
Province:			Province:		
Tel. No.:			Tel. No.:		
Email Address:			Email Address:		
Property Index Number (PIN):					
Business Area (in sq. m.):		Total No. Employees in Establishment:		No. of Employees Residing in LGU:	
If Place of Business is Rented, please identify the following:				<b>Lessor's Name:</b>	
Last Name:		First Name:		Middle Name:	
Lessor's Address:					
House No.:/Bldg.No.:		Subdivision:			
Street:		City/Municipality:			
Barangay:		Province:			
Tel No.:		Email Address:			
In case of Emergency:		Contact Person/Tel. No./Mobile phone no./Email address:			
Business Activity		No. of Units	Capitalization (For new Business)	Gross Sale/Receipts (for renewal)	
Code	Line of Business			Essential	Non-essential
<p>Oath of Undertaking:</p> <p><i>I undertake to comply with the regulatory and other deficiencies within 30 days from release of the business permit. Any violations and non-compliance shall mean to automatic revocation and cancellation of the same.</i></p>					
SIGNATURE OF APPLICANT OVER PRINTED NAME:				POSITION/TITLE	

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ASSESSMENTS:						
LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY/ SURCHARGE	TOTAL	ASSESSED BY	
Business Tax						
Franchise tax						
Occupational Tax						
Professional Tax						
Tax on Delivery						
REGULATORY FEES AND CHARGES						
Mayor's Permit Fee						
Sanitary Permit						
Health Certificate						
Laboratory						
Garbage Charges						
Misc. Plate/Sticker						
Weight and Measurement						
Sealing Fee						
Mayor's Permit Delivery Truck						
Sticker						
Other Charges:						
Zoning Fee						
Building Inspection Fee						
Fire Code Fee						
Others please specify:						
VERIFICATION OF DOCUMENTS						
Description	Office/Agency	Date Issued	VERIFIED BY: (BPLO Staff)			
Barangay Clearance	Barangay					
Market Clearance	City Market Office					
Zoning Clearance	Zoning Admin.					
Sanitary/Health Clearance	City Health Dept.					
Occupancy Permit	Bldg. Official					
Business RPT Clearance/Payment	City Treasurer					
Fire Safety Inspection Certificate	City Fire Dept.					
CENRO Clearance						
Others, please specify:						
SSS Clearance						
Public Liability						
Reviewed by:		Approval Recommended by:		Approved by:		
<b><u>NANCY B. HERRERA</u></b> License Officer IV		<b><u>MA. LILIBETH F. BARAL</u></b> ICO-City Treasurer		<b><u>MELANDRES G. DE SAGUN</u></b> City Mayor		
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 application form are complete and properly filled out.						