



REPUBLIC OF THE PHILIPPINES
CITY OF MALABON
BUSINESS PERMIT AND LICENSING OFFICE



New
 Additional
 Transfer () Ownership () Location

Application Form for Business

Mode of Payment
 Annually
 Bi-annually
 Quarterly

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION	Date of Application
Reference No.		DTI Registration No.
Kind of Ownership:		TIN

Business Owner:
Business Name:
Trade Name/Franchise:

Name of Owner: *Surname* *First Name* *Middle Initial*

Business Address	Owner's Address
House No./ Bldg. No.	House No./ Bldg. No.
Building Name	Building Name
Unit No.	Unit No.
Street	Street
Barangay	Barangay
City/Municipality	City/Municipality
Tel. No.	Tel. No.
Property Index No. (PIN)	Citizenship

Business Area (in sqm)	Total No. of Employees in Establishment	Total No. of Employees Residing in LGU
If Place of Business is Rented, please identify the following: Lessor's Name:		Monthly Rental:

Lessor's Address

House No./Bldg. No.	City/Municipality
Street	Contract Person
Barangay	Tel. No./Mobile Phone No. :
Tel. No.	

Business Activity

Code	Line of Business	No. Of Units	Capitalization	Gross Sales / Receipts	
				Essential	Non-Essential

SIGNATURE OF APPLICATION OVER PRINTED NAME **POSITION/TITLE**
For corporation; only responsible person should sign the form.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____ AT
THE CITY/MUNICIPALITY OF _____ AFFIANT EXHIBITED TO ME HIS/HER RESIDENCE CERTIFICATE NO.
A. _____ ISSUED AT _____ ON _____.

DOC. NO. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF 20 _____

ADMINISTERING OFFICER

ASSESSMENTS:

LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY	TOTAL	ASSESSED BY
Building Inspection Fee	PD 1096				
Electrical Inspection Fee	PD 1096				
Mechanical Inspection Fee	PD 1096				
Plumbing Inspection Fee	PD 1096				

ENDORSEMENTS

Description	Office/Agency	Date Issued	Signature of Department Chief
Barangay Business Clearance	Barangay		
Location Clearance	Zoning Admin.		
Sanitary / Health Clearance	City Health Dept.		
Building Permit	Bldg. Official		
Fire Safety Clearance	City Fire Dept.		

Assessment reviewed by: _____ <i>Chief License Division Treasury</i>	Application checked by: _____	Approval recommended by: _____ <i>Chief, Business & Permit Licensing Office</i>
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Approved by: **HON. ANTOLIN A. ORETA III**
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.