



# APPLICATION FOR RENEWAL OF BUSINESS PERMIT

To be filled-up by your local BPLO/CTO:

TAX YEAR: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Business Permit Number: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

TIN:

Business ID Number: \_\_\_\_\_

## GENERAL INSTRUCTIONS:

- Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (upper case/capital letter). All required data fields/information should be completely and clearly filled-out by the applicant.
- Please ensure that all required documents are properly attached and fill out all necessary information. Incomplete submission of application form and/or requirements will be returned to the applicant.

## A. BUSINESS INFORMATION AND REGISTRATION

1. Do you have any changes or amendments in the previous business registration?  Yes  No

2. If yes, please check the appropriate box/es (The local BPLS or CTO shall update the business registration of the applicant/owner)

Ownership  Location or Address of Business  Nature of Business Others \_\_\_\_\_

3. Amendment: From  Sole Proprietorship  Partnership  Corporation  Cooperative

To  Sole Proprietorship  Partnership  Corporation  Cooperative

## B. BUSINESS OPERATION

1. Business Name: \_\_\_\_\_

2. Business Area (in sq. m.):	3. Total No. of Employees:			4. No. of Employees Residing within LGU:	5. No. of Delivery Units:
	Male:	Female:	Total:		

6. Business Location Address: House/Bldg. No. \_\_\_\_\_ Street \_\_\_\_\_

Barangay \_\_\_\_\_ City/Mun. \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

7. Do you have tax incentives from any Government Entity?  Yes (Please attach a copy of your certificate)  No

8. Do you pay rent for occupying a place of business?  Yes (Please attach a copy of your lease contract)  No

PSGC for BPLO/CTO only		
Prov	Mun	Brgy
<input type="text"/>	<input type="text"/>	<input type="text"/>

Line of Business	Products/Services	PSIC Code for BPLO/CTO only	Gross Sales/Receipts
1.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the Local Government. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of the permit. Further, I hereby authorize and consent the Local Government to treat any personal data provided in this application with utmost confidentiality.

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE OVER PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

\_\_\_\_\_  
DESIGNATED POSITION

\_\_\_\_\_  
DESIGNATED POSITION

## DOCUMENTARY REQUIREMENTS

- Submission of BIR Sales Tax Returns of the prior year
- Barangay Clearance
- Secondary Permits/Licenses (if any, please refer to the annex)

Mode of Payment:  Annually  Semi-Annually  Quarterly

**ANNEX 1 (PAGE 2 OF 2) APPLICATION FOR RENEWAL OF BUSINESS PERMIT**

**I. LGU SECTION (The local BPLO or CTO shall fill-up this section)**

**1. VERIFICATION OF DOCUMENTS**

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			Evaluated by
		Yes	No	Not required	
Annual Building Inspection	Office of the Local Building Official				
Sanitary Permit/Health Certificate	City Health Office				
City Environmental Certificate	City Environmental and Natural Resources Office				
Market Clearance (for Stall Holders)	Office of the City Market Administrator				
Fire Safety Inspection Certificate	Bureau of Fire Protection				
Zoning Clearance	Planning/Zoning Office				

**II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)**

DATE: \_\_\_\_\_

TRACKING NUMBER: \_\_\_\_\_

(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Total Floor Area: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Owner

Certified by:

Customer Relations Officer

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

<b>FIRE SAFETY INSPECTION FEE ASSESSMENT:</b>	
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Important Notice: as per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and hazard insurance companies, and vendors of fire fighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).