
 APPLICATION FORM FOR BUSINESS PERMIT 				
TAX YEAR _____ CITY/MUNICIPALITY CASIGURAN				
INSTRUCTIONS:				
1. Provide accurate information and print legibly to avoid delays. Incomplete 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				
<input type="checkbox"/> New		<input type="checkbox"/> Renewal		Mode of Payment : <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly
Date of Application:		DTI/SEC/CDA Registration No:		
TIN No:		DTI/SEC/CDA Date of Registration:		
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
Amendment:	From <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
	To <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Are you enjoying tax incentive from any Government Entity? Yes <input type="checkbox"/> No <input type="checkbox"/> No P No <input type="checkbox"/> please specify the entity				
Name of Tax Payer / 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:		Email Address:		
Telephone No:		Mobile No:		
Owner's Address:				
Postal Code:		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
		Male: Female:		Male: Female:
Note: Fill Up only If Business Place is Rented				
Lessor's Full Name:				
Lessor's Full Address:				
Lessor's 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 DECLARED 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 / TAX PAYER OVER PRINTED NAME

POSITION / TITLE

II. LGU SECTION (Do Not Fill Up This Section)

1. VERIFICATION OF DOCUMENTS

Description	Office / Agency	Yes	No	Not Needed
Occupancy Permit / Annual Inspection of Building	Office of the Building Official			
Barangay Clearance / Police Clearance	Barangay / PNP			
Sanitary Permit/Health Clearance	Municipal Health Office			
City Environmental Certificate	Municipal Env't and Natural Resources Office			
Locational Clearance	Office of the MPDC			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by: BPLO

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount Due	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/Flammable of Explosive Substance			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Garbage Charges			
Delivery Truck/Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard/Billboard Renewal fee			
Storage and Sale of Combustible/Flammable of Explosive Substance			
Others			
Calling Fee			
Weight & Measures			
M.P. on cigarette & liquor			
B.T. on cigarette & liquor			
Police Clearance			
Locational Clearance			
Medical Certificate			
Business Plate / Sticker			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (10%)			

Assessed by: CTO

FSIF Assessment Approved by: BFP

III. CITY/MUNICIPALITY FIRE STATION SECTION

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:	
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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 explosion 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).

