

UNIFIED APPLICATION FORM FOR RENEWAL OF BUSINESS PERMIT (ONLINE)

		Payment
NEW		Annually
RENEWAL		Bi-annually
ADDITIONAL		Quarterly

Date of Receipt _____
 Tracking Number _____
 Business ID Number _____

C. BUSINESS INFORMATION AND REGISTRATION

Please choose one ☐ Sole Proprietorship ☐ One Person Corporation ☐ Partnership ☐ Corporation ☐ Cooperative
☐ Male ☐ Female ☐ Male ☐ Female

DTI/SEC/CDA Registration Number: _____ Tax Identification Number (TIN): _____

Business Name: _____

Trade Name/Franchise (If applicable): _____

Main Office Address: House /Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____
 Street _____ Barangay _____ Subdivision _____
 City/Municipality _____ Province _____ Zip Code _____

Telephone No.: _____ Mobile No. _____ Email Address: _____

(For Sole Proprietorship) Name of Owner:	Surname _____	Given Name _____	Middle Name _____	Suffix _____
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(For Corporations/Cooperative/ Partnerships) Name of President/Officer in Charge:	Surname _____	Given Name _____	Middle Name _____	Suffix _____
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For Corporation: ☐ Filipino ☐ Foreign

D. BUSINESS OPERATION

Business Area (in sq.m): _____ Total No. of Employees in Establishment _____ No. of Employees _____ No. of Delivery Vehicles (If applicable) _____
 Total Floor Area (in sq.m): _____ Male _____ Female _____ Residing within _____ Van/Truck _____ Motorcycle _____

☐ Same as Main Office Address

Business Location Address: House /Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____
 Street _____ Barangay _____ Subdivision _____
 City/Municipality _____ Province _____ Zip Code _____

Owned? ☐ Yes ☐ No If Yes, Tax Declaration No. _____ or Property Identification No. _____

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

Business Activity (Please check one) : ☐ Main Office ☐ Branch Office ☐ Admin Office Only ☐ Warehouse ☐ Others Pls. Specify _____

Line of Business	Philippine Standard Industrial Code (If Available)	Products/Services	No. of Units	Last Year's Gross Sales/Receipts

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 **Municipality of Bobon**. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its Implementing Rules and Regulations) and account transaction information or records with the City/Municipal Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION / POSITION / TITLE

II. LGU SECTION. (Do not fill up this section)

1. VERIFICATION OF DOCUMENTS

DESCRIPTION	Office/Agency	Yes	No	Not Needed	Signature
Occupancy/Zoning Permit (new)- owners only	Office of the Municipal Engineer				
Barangay Clearance	Barangay				
Sanitary permit/Health Clearance	Municipal Health Office				
Municipal Environmental Clearance	MENRO				
Market Clearance (for stall holders)	Office of the Municipal Market Administrator				
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection				

ANNEX I. (Page 2 of 2) Application Form for Business Permit

Verified by: BPLO

JENALYN L. BOCO

2. ASSESSMENT OF APPLICABLE FEES

LOCAL TAXES	REFERENCE	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 CHARGE				
Mayor's Permit Fees				
Garbage Charge				
Delivery Trucks/Vans Permits Fee				
Sanitary inspection Fee				
Building inspection Fee				
Electrical Inspection Fee				
Mechanical inspection Fee				
Plumbing inspection Fee				
Signboard/Billboard Renewal Fee				
Signboard/Billboard Permit Fee				
Storage and Sales of Combustible/ Flammable or Explosive substance				
OTHERS:				
TOTAL FEES for LGU				
FIRE SAFETY INSPECTION FEE (____ %)				

Assessed By: MTO

FSIF Assessment Approved By: BFP

CRISANTO C. CORONG, JR.

III. MUNICIPAL FIRE STATION SECTION

APPLICATION NUMBER (TO BE FILLED UP BY THE APPLICANT/OWNER): _____
 Name of Applicant/Owner: _____
 Name of Business: _____
 Total Floor Area _____ Contact No: _____
 Address of Establishment _____ Sign of
 Applicant/Owner
☐
 Certified By:

Customer Relation Officer: _____
 Time and Date Received: _____

FIRE SAFETY INSPECTION FEE
ASSESSMENT:

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).

