

Application for Mayor's Permit: False Statement. An application for a Mayor's Permit shall be filed with the Office of the Municipal Mayor. The form for the purpose shall be issued by the Business License and Permits, Office of the Mayor and shall set forth the requisite information including the name and residence of the applicant, the description of business or undertaking that is to be conducted, and such other data or information as may be required.

For a newly-started business

- Location sketch of the new business
- Paid-up capital of the business as shown in the Articles of Incorporation, if a corporation or partnership, or a sworn statement of the capital invested by the owner or operator, if a sole proprietorship
- A certificate attesting to the tax exemption if the business is tax exempt
- Certification from the office in charge of zoning that the location of the new business is in accordance with zoning regulations
- Real Property Tax Clearance Certificate from the Land Tax Section
- Barangay Business Clearance
- Three (3) passport size pictures of the owner or operator or in cases of a partnership or corporation the picture of the senior or managing partners and that of the President or General Manager
- Xerox copy of DTI Certificate of Registration
- Health certificate for all food handlers, and those required under Chapter IV, Art. D of this Revenue Code.

For renewal of existing business permits

- Previous Mayor's/Business Permit Application indicating payments thereon
- Statement of gross sales or receipts of the preceding calendar year
- Barangay Business Clearance
- Real Property Tax Clearance Certificate from the Land Tax Section
- Certificate of tax exemption from local taxes or fees, if exempt

Upon submission of the application, it shall be the duty of the proper authorities to verify if other municipal requirements regarding the operation of the business or activity such as sanitary requirements, installation of power and light requirements, as well as safety requirements among others, are complied with. The permit to operate shall be issued only upon compliance with such safety requirements and after the payment of the corresponding inspection fees and other impositions required by this Revenue Code and other municipal tax ordinances.

**SWORN STATEMENT OF GROSS SALES OR RECEIPTS REALIZED ON THE PRECEEDING
CALENDAR YEAR _____**

The Municipal Mayor
Catbalogan, Samar
Through: the Municipal Treasurer

Date

Dear Sir:

Pursuant to the provision of Section 6, Chapter II of Ordinance no, 73 S. 1992, as amended and Sec. 4A.03 of Ordinance No. 2005-016, in conformity with R.A. 7160 otherwise known as the Local Government Code of 1991. I/we hereby declare under penalty of PERJURY that the following report has been examined by me/ us to the best of my/ our own knowledge and belief is true, correct and complete report of the GROSS SALES OR RECEIPTS of the preceding C.Y.____ of the herein business establishment _____ located at _____ this City, for _____ purposes.

NATURE/CLASSIFICATION OF BUSINESS RECEIPTS

GROSS SALES OR

Check box for appropriate category:

a. () Manufacturer, assemblers, repackers, processors, brewers, distillers, rectifiers and compounders of liquors, distilled spirits and wines or manufacturer of any articles of commerce.

1st Quarter _____

2nd Quarter _____

3rd Quarter _____

b. () Wholesaler, Distributor or Dealers of any articles of commerce.

4th Quarter _____

c. () Exported and/or Manufacturer, miller, Producer, wholesaler, distributor, dealer or retailer of Essential commodities;

GROSS SALES OR RECEIPTS FOR LAST TWO PRECEEDING YEARS

d. () Retailer

e. () Contractors and other independent Contractor.

f. () Banks and other Financial Institutions:

CERTIFIED BY:

g. () Peddlers; and

h. () other business activity/ies. (Pls. Specify);

_____.

Signature over printed name of Bookkeeper

Very truly yours,

Signature over printed name
Of owner/Proprietor
or
Manager/representative.

SUBSCRIBED AND SWORN TO before me this ____day of _____ at Catbalogan, Samar, affiant have exhibited to me his/her/their Community Tax Certificate/s as follows:

N A M E	CTC. NO.	ISSUED ON
ISSUED AT		
_____	_____	_____
_____	_____	_____

Public

Notary