



APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

CATBALOGAN CITY

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 form (if any) are complete and properly filled out.

<input type="checkbox"/> New	<input type="checkbox"/> Amendment	Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Quarterly
<input type="checkbox"/> Renewal	<input type="checkbox"/> From Single to Partnership	
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation	
	<input type="checkbox"/> From Partnership to Single	
	<input type="checkbox"/> From Partnership to Corporation	
Transfer: <input type="checkbox"/> Ownership	<input type="checkbox"/> From Corporation to Single	
<input type="checkbox"/> Location	<input type="checkbox"/> From Corporation to Partnership	

Date of Application: _____ DTI/SEC/CDA Registration No.: _____

Account No.: _____ DTI/SEC/CDA date of registration: _____

Kind of Organization: _____ TIN: _____

Single Partnership Corporation Cooperative

Are you enjoying tax incentive from any Government Entity? () Yes () no. Please specify the entity: _____

Name of Taxpayer: _____

Last Name: _____ First Name: _____ Middle Name: _____

Business Name: _____

Trade Name/Franchise: _____ Signage Used (Type & Size in mtrs.) _____

Name of President/Treasurer of Corporation: _____

Last Name: _____ First Name: _____ Middle Name: _____

House/Bldg./Unit No. & Bldg name _____ Business Address _____ Owner's Address _____

Street/Barangay/Subdivision _____

City/Mun./Province/Postal Code _____

Tel.#/Mobile#/Email Address _____

Property Index Number (PIN): _____

Business Area (in sq.m): _____ No. of emp. in establishment M- _____ F- _____ No. of emp. residing in LGU M- _____ F- _____

If place of business is rented, please identify lessor's name: _____ Monthly rental: _____

Last Name: _____ First Name: _____ Middle Name: _____

Lessor's Address: _____

House/Bldg. No. _____

Street/Barangay/Subdivision _____

City/Mun./Province/Postal Code _____

Tel.#/Mobile#/Email Address _____

In case of emergency contact person name/tel. no./mobile phone no./email address: _____

Business Activity		Capitalization (for New business)	Gross Sales/Receipts (for renewal)	
Line of Business	No. of Units		Essential	Non-essential

Flammable/Combustible Materials (Stored)	Amusement Devices (Used)	Vehicles & Equipment (Used)
Kgs/Ltrs	Qty.	Qty.
Gasoline, diesel, etc.	Tables (billiards, etc.)	8-wheeler up trucks
Acetylene, LPG, etc.	Videoke	up to 6 wheeler trucks
Cooking oil	Computers	air-con buses
Copra		non air-con buses
Generators & Like (Used)	Weights & Measures (Used)	vans
No. of units	No. of units	motorized tricycles
HP capacity	Capacity	motorbike
		No. of ATMs located anywhere in the city _____

SIGNATURE OF APPLICANT OVER PRINTED NAME _____ POSITION/TITLE _____

TAXPAYER'S CTC NO. : _____ AMOUNT PAID: _____ DATE PAID: _____ PLACE OF ISSUE: _____

For Corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case of any authorized representative, kindly present an authorization letter signed by the identified responsible person of the corporation.