

APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR _____
Municipality of ARTECHE



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.

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 Registration No.:	
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		No. of Employees: Male(s): _____ Female(s): _____	
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify entity? _____			

**Name of
Taxpayer/Registrant**

Last Name:	First Name:	Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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 Number:	Mobile Number:
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:

Note: Fill Up Only if Business Place is Rented

Lessor's Full Name:
Lessor's Full Address:
Lessor's Full 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 DECLARE 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/TAXPAYER OVER PRINTED NAME

POSITION / TITLE

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

1. VERIFICATION OF DOCUMENTS

Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Office of the Building Official (OBO)			
Barangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	City Health Office (CHO)			
City Environment Certificate	City Environment and Natural Resources Office (CENRO)			
Market Clearance Inspection Certificate	Bureau of Fire Protection (BFP)			

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 or Explosive Substance			
Tax on Signboard / Billboard			

REGULATORY FEES AND CHARGES

Mayor's Permit Fee			
Garbage Charges			
Delivery Trucks/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 or Explosive Substance			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (10%)		

Assessed by: LORELIE PAJANUSTAN/MTO

FSIF Assessment Approved by: BFP

II. CITY / MUNICIPALITY FIRE STATION SECTION

APPLICATION NO.: _____ DATE: _____

Name of Applicant / Owner: _____

Address of Establishment: _____

Signature of Application / 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 Regulation of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting 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 the inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP)