

Hon. Randolph S. Ting,
City Mayor, this City

Sir:

In accordance with the provisions of the City's Revenue Ordinances, I wish to apply for a permit/license to operate a business. Hereunder are relevant data about the business, **UPDATED.**

Date _____

Plate _____

SUBMIT One-Copy Application Per Line* /Per Level (Main or Branch, as the case maybe) THRU: the Business Permits & Licensing Office (BPLO)

1) BUSINESS NAME



2) NATURE OF ORGANIZATION

- Corporation Sole Proprietorship
 Cooperative Partnership

3) Owner/ President- Manager (OPM)

a) (OPM) Name _____
Spouse (if Sole Only) _____

b) Complete Residence/Home-Office Address (RHO)

(No.)	(Street/Road)	(Barangay)	(City/Mun.)	(Province)
_____	_____	_____	_____	_____

c) Nationality: _____ Tele/ Cell No. (RHO) _____

4) OPM's OTHER DATA (if Sole)

BirthDate > _____
Civil Status> _____

5) OPERATION IN TUG CITY

Date Started _____
Business in City _____
Bus. Tele/Cell No. _____

6) TYPE OF APPLICATION

- New Renew Transfer Re-Activation

If Transfer (of Ownership)

- a) Previous Owner's Name → Mr/Mrs _____
- b) Attach Financial Statements (as of date of transfer) and Deed of Sale/ Affidavit of Transfer
- | | | |
|----------------------|-------------|------------|
| Official Receipt No. | Date Issued | Amount (P) |
| _____ | _____ | _____ |
- c) Details of Transfer Fee Paid → _____

7) LEVEL OF OPERATION

- Single Level Multi-Level
If Multi-Level, pls. check if:
 Main (Br-in) Br (Main-in)
 Main (Br-Out) Br (Main-out)

8) LINE OF BUSINESS

- Retailer... Manufacturer...
 Wholesaler... Bank/Financing...
 Contractor... Exporter...

9) MANAGEMENT & BUSINESS PRECISE ADDRESS-LOCATION

a) Managed By > OPM AH (A uthorized Head)
Name → _____

b) Business Address

(No.)	(Building)	(Street/Road)	(Barangay)
_____	_____	_____	_____

10) DESCRIPTION

Description of Goods/Services in this line/
level- location classified as:
Primary → _____
Second → _____
Others → _____

11) AREA (Dimension)

(Bus. Premises in Sq. Mtrs.)

_____ X _____ = _____

12) NUMBER OF WORKERS

(Include Family and Hired Workers) = _____

13) BOOKKEEPER/ACCOUNTANT (BA)

Name _____
BA TeleCell No. _____

IF Type of Application is new, or transfer/change of ownership or if marked "X", fill-up boxes below and present only the Original/Authenticated Copy

National Requirements

14) Certification/Clearance	Serial Number	Date Issued	Place Issued
a) BIR TIN	_____	_____	_____
b) DTI Reg. Cert.	_____	_____	_____
c) SEC Registration (Corp)	_____	_____	_____
d) SSS Clearance - 2006	_____	_____	_____
e) CORPORATION Cedula-06	_____	_____	_____
f) Fire Safety Clearance - 2006	_____	_____	_____
<> Barangay Clearance	_____	_____	_____

15) ARE YOU RENTING BUILDING-LOT ?

YES If Yes, please print name/
address of Lessor or In-charge & much per month
(NAME HERE) _____

NO, not rented
 Family/ Own Property
ADDRESS (His/Her Residential) _____ RENT/MO. _____
Php _____

For Retailer Only > Do you sell Alcoholic Drinks, Liquor & Beverage Products & Cigarettes? Yes _____ No _____

Remarks _____

16) CAPITAL INVESTMENT

Indicate Amount of Business Assets Used in this Line and Level-Location as of:

- a) Start of Bus. for New/ReActivation
b) Year-End for Renewal & Transfer

PhP _____

17) Annual Gross Sales/Receipts (AGSR) from a Line of Business: Preceding Year

MAIN WITH BRANCH/ES OPERATING IN THE CITY: If this application is for Main, include AGSR of In-City Branch/es derived from same line of business.

AGSR of City-Based MAIN (from this line)	AGSRs of In-City BRANCH/ES (ALL) (of same line)	TOTAL of City-Based MAIN + BRANCH/ES (all of same line)
PhP _____	PhP _____	PhP _____

SINGLE LEVEL OR BRANCH: If this Application is for single level or branch, state own AGSR derived from the line as indicated above

PhP _____

18) I hereby declare that all statements and figures contained above are true and correct to the best of my knowledge and belief. I hereby authorize the City Government Head, or his duly authorized representative/s, to verify and validate them.

Very truly yours,

2006 CEDULA Number _____ Issued on _____
of OPM/AH _____ at _____ PhP > _____

Signature over Printed Name _____ Position Title _____
OPM or AH

* In case of Contractor Line, Application shall be per kind of service as classified by the Code