

APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

MUNICIPALITY OF ARITAO

INSTRUCTION:

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:		Annually <input type="checkbox"/>		Semi-Annually <input type="checkbox"/>		Quarterly <input type="checkbox"/>	
Date of Application:				DTI/SEC/cda Registration No.:							
TIN No.:				Date:							
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			
Are you enjoying tax incentive from any Government Entity?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please specify the entity?			
Name of Taxpayer / Registrant :											
Last Name				First Name				Middle Name			
Business Name :											

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 No.:						Mobile No.:					
Owners 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 square meter):				Total No. of Employee/s in establishment				No. of employee/s residing within LGU:			

Note: Fill up ONLY if Business place is Rented

Lessors Full Name:											
Lessors Full Address:											
Lessors Full Telephone/Mobile No.:											
Lessors 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 Business Permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE

Barangay Clearance		Previous Mayor's Permit	
Zoning Clearance/Certificate-MPDO		Market/AGC /Tourism Clearance	
Sanitary/Health Clearance-MHO		Annual Inspection certificate	
Occupancy Permit-Bldg. Official		Environmental Certificate	
Fire Safety inspection certificate		Others	

Validated by: _____
Business Permit and Licensing Officer

II. ASSESSMENT OF APPLICABLE FEES

LOCAL TAXES	AMOUNT DUE	PENALTY/SURCHARGE	TOTAL
Local sales tax/Mun. Business License (C-13)			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/Flammable of explosive Substance			
Tax on Signboard/Billboards			

REGULATORY FEES AND CHARGES

Mayor's Permit Fee			
Environmental Fee			
License for Liquor			
License for Beer			
License for Cigarette			
License for sticker/Business Plate			
License for Weight & Measure			
Zoning fee			
Occupational Tax			
Sanitary Permit (MHO)			
Delivery Trucks / Vans Permit Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard / Billboard Renewal Fee			
Signboard / Billboard Permit Fee			
Storage and Sale of Combustible / Flammable or Explosive Substance			
Explosive substance			
25% Penalty of Late Payment			
Fire Safety Inspection Fee			
Grand Total			

Assessed by: _____
JESUSA V. CALICA
Municipal Treasurer

Approved by: _____
REMELINA PEROS-GALAM, M.D.
Municipal Mayor

III. MUNICIPALITY FIRE STATION

Date: _____

APPLICATION NO.: _____

(To be filled by: APPLICANT / OWNER)

Name of Applicant / Owner: _____

Name of Business: _____

Total Floor Area: _____

Contact No.: _____

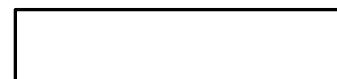
Address of the Establishment: _____

Signature of Applicant / Owner

Certified by:

Custom Relations Officer:

FIRE SAFETY INSPECTION FEE ASSESSMENT



Time and Date Received: _____

Important Notice: As per Section 12 of the implementing Rules and Regulations of the Fire Code of 2008, certain establishment (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 Fire Safety Inspection Fees. These shall be collected during inspection or in another process to be communicated by representative of the Bureau of Fire Protection (BFP)

FSIF Assessment Approved by: