



APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR 2017

MUNICIPALITY OF LA TRINIDAD

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. APPLICANT 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 Date of Registration: | | | |
| 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: | | | | | |
| Trade Name / Franchise: | | | | | |

2. OTHER INFORMATION

Note: **For RENEWAL APPLICATION**, do not fill up this section unless certain information have changed.

| | | | | | |
|---|--|--|-----------------|---|--|
| Business Address: | | | | | |
| Postal Code: | | | E-mail Address: | | |
| Telephone No.: | | | Mobile No.: | | |
| Home Address: | | | | | |
| Postal Code: | | | E-mail Address: | | |
| Telephone No.: | | | Mobile No.: | | |
| In case of emergency, provide name of contact person: | | | | | |
| Telephone / Mobile No.: | | | | | |
| Business Area (in sq. m.) | | Total No. of Employees in the Establishment: | | No. of Employees Residing within La Trinidad: | |

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 E-mail Address: | | | | | |
| Monthly Rental: | | | | | |

3. BUSINESS ACTIVITY

| LINE/S 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

II. 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 | | | |
| Barangay Business Clearance | Barangay (Where business is located) | | | |
| Sanitary Permit / Health Clearance | Municipal Health Services Office | | | |
| Municipal Environmental Clearance | Municipal Environment and Natural Resources Office | | | |
| Market Clearance (For Stall Holders) | Office of the Municipal Market Administrator | | | |
| Valid Fire Safety Inspection Certificate | Bureau of Fire Protection | | | |

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 Combustibles/ Flammable or Explosive Substance | | | |
| Tax on Signboard / Billboards | | | |
| 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: CTO

FSFI Assessment Approved By: BFP

III. CITY / MUNICIPALITY FIRE STATION SECTION

DATE: _____

Application No.: _____
(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____
 Name of Business: _____
 Total Floor Area: _____ Contact No.: _____
 Address of Establishment: _____

Signature of Applicant/Owner



Certified by:

Customer Relations Officer

Time and Date Received: _____

| | |
|---|--|
| FIRE SAFETY INSPECTION FEE ASSESSMENT: | |
|---|--|

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