



## APPLICATION FORM FOR BUSINESS PERMIT

### TAX YEAR 2019

#### 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**

**Age:**

**Gender:**

Last Name:		First Name:		Middle Name:
Business Name:				
Trade Name / Franchise:				

##### 2. OTHER INFORMATION

Business Address:				
Postal Code: <b>2601</b>		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 date of application and date of payment of Mayors Permit fees and taxes.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

\_\_\_\_\_  
POSITION / TITLE

**VERIFICATION OF DOCUMENTS**

DESCRIPTION	FOR:	OFFICE/AGENCY	YES	NO	NOT NEEDED
DTI / SEC / CDA Registration	New	DTI / SEC / CDA			
Barangay Business Clearance	New & Renewal	Barangay (Where business is located)			
Zoning Clearance	New	Municipal Planning & Development Office			
Occupancy permit	New	Municipal Engineering Office			
Sanitary Permit / Health Clearance	New & Renewal	Municipal Health Services Office			
Fire Safety Inspection Certificate	New & Renewal	Bureau of Fire Protection			
Market Clearance (for market and trading post occupants)	New & Renewal	Office of the Municipal Market Supervisor			
Lease Contract (if lessee)	New	Lessor			
OTHERS:					

**Verified by BPLO:**

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