

**Application Form for Business Permit**  
**TAX YEAR \_\_\_\_\_**  
**CITY GOVERNMENT OF BISLIG**

<b>Type of Registration:</b>	<b>Amendment:</b>	<b>Mode of Payment:</b>
New:	From Single to Partnership	Annually
Renewal:	From Single to Corporation	Bi-Annually
Additional:	From Partnership to Single	Quarterly
Transfer:	From Partnership to Corporation	
Ownership:	From Partnership to Single	
Location:	From Corporation to Partnership	

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Reference No.: \_\_\_\_\_ DTI/SEC/CDA Date of Registration: \_\_\_\_\_

Type of Organization:  Single  Partnership  Corporation  Cooperative CTC No. \_\_\_\_\_ TIN: \_\_\_\_\_

Are you enjoying tax incentive from any Government Entity?  Yes  No Please specify the entity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Taxpayer: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Age: \_\_\_\_\_ B. Place: \_\_\_\_\_

Gender: Male  Female  Civil Status: Single  Married  Widow/er  Person with Disability: Yes  No  IP: Yes  No

Business Name: \_\_\_\_\_

Trade Name/Franchise: \_\_\_\_\_ Business Activity Details: Main  Branch  Franchise

Name of President/Treasurer of Corporation: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Business Address			Owner's Address										
House No./Bldg. No.:	_____		House No./Bldg. No.:	_____									
Building Name:	_____ Own <input type="checkbox"/> Rent <input type="checkbox"/>		Building Name:	_____ Own <input type="checkbox"/> Rent <input type="checkbox"/>									
Unit No.	_____		Unit No.	_____									
Street:	_____		Street:	_____									
Barangay:	_____		Barangay:	_____									
Subdivision:	_____		Subdivision:	_____									
City/Municipality:	_____		City/Municipality:	_____									
Province:	_____		Province:	_____									
Tel. No./Mobile No.:	_____		Tel. No./Mobile No.:	_____									
Email Address:	_____		Email Address:	_____									
Property Index Number (PIN):	_____	Business Area (in sq. m):	_____	Lot Area: Owned	<input type="checkbox"/> Rented <input type="checkbox"/>								
No. of Employees: Male	<input type="checkbox"/> Female <input type="checkbox"/>	Person with Disability: Male	<input type="checkbox"/> Female <input type="checkbox"/>	No. of Employees: Male	<input type="checkbox"/> Female <input type="checkbox"/>								
If Place of Business Rented, please identify the following: Lessor's Name					Monthly Rental Php								
Last Name: _____		First Name: _____		Middle Name: _____									
Lessor Address:													
House no./Bldg. No.:		Street:		Subdivision:									
City/Municipality:		Barangay:		Province:									
Tel. No./Mobile No.:		Email Address:											
Business Activity			Capitalization [for New Business]	Nature Business	Gross Sales/Receipts (for renewal)								
Code	Line of Business	No. of Units		Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Service <input type="checkbox"/>	<table border="1"> <tr> <th align="center">Essential</th> <th align="center">Non-Essential</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Essential	Non-Essential						
Essential	Non-Essential												

In case of emergency, contact person/Tel No./Mobile No./Email Address: \_\_\_\_\_

**Oath of Undertaking:**  
*I undertake to comply with the regulatory requirement and other deficiencies within 45-day grace period from the deadline of BOSS and 45-day grace period after the approval of business permit (after BOSS)/ that the Gross Sales herein specify is true and correct to the best of my knowledge.*

_____ <b>SIGNATURE OF APPLICANT OVER PRINTED NAME</b>	_____ <b>POSITION/TITLE</b>
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