REPUBLIC OF THE PHILIPPINES

CITY OF TAGUIG

BUSINESS PERMITS AND LICENSING OFFICE (BPLO)

2nd Floor City Hall,Gen. Lna St., Turukan,City of Taguig/9th floor SM Aura Tower Fort Bonifacio, City of Taguig

APPLICATION FORM

APPLICATION INFORMATION (TO BE ACCOMPLISHED BY THE BPLO CUSTOMER SERVICE STAFF)

TRACKING NO._____**ACCOUNT NO.**_____ **L.C.N. No.** _____

☐ New
☐ Renewal
☐ Additional

☐ **Transfer:**
☐ Ownership
☐ Location

☐ Amendment:
☐ From Single to Partnership
☐ From Single to Corporation
☐ From Partnership to Single
☐ From Partnership to Corporation
☐ From Corporation to Single
☐ From Corporation to Partnership

☐ Mode of Payment
☐ Annually
☐ Bi-Annually
☐ Quarterly

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 X () No Please specify the entity:	
Name of Taxpayer:	
Last Name: First Name: Middle Name	
Business Name/Name of corporation:	
Trade name/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.
Unit No.	Unit No.
Building Name:	Building Name:
Street:	Street:
Barangay:	Barangay:
Subdivision:	Subdivision:
City/Municipality:	City/municipality:
Province:	Province:
Tel No.:	Tel. No.:
Email Address:	Email Address:

Property Index Number (PIN):	Tax Dec No.:	Bureau of Fire Protection (BFP) Total No. of Floors:
Business Area (in sq m):	Total No. of Employees in Establishment:	Total No. of Employees Residing in LGU:
Other Business Details: ☐ Lessor ☐ Lessee Rent start:_____Monthly rental_____ Floor Area:		

☐ **CAPITALIZATION**(New business application) ☐ **GROSS RECEIPT/SALES** (Renewal application)

Line of Business &Nature of Business	**Past Previous**	**Previous**	**EVALUATION Current**

OTHER LICENSE AND FEES

☐ SMOKING AREA	☐ RETAIL CIGAR	☐ SANITARY PERMIT FEE
☐ LICENSE TO SELL LIQUOR	☐ RETAIL SOFTDRINKS	☐ ENVIRONMENTAL IMPACT FEE
☐ LICENSE TO SELL LIQUOR TILL 10 PM	☐ QUALIFICATION FEE:_____	
☐ LICENSE TO SELL LIQUOR TILL 2AM	☐ TRUCKING, (NO. OF truck(s):_____)	

VERIFICATION OF DOCUMENTS

Description	**Office/Agency**	**Office/Agency**	**VERIFIED BY: (Dept. Assigned)**
Barangay Clearance	Barangay		
Zoning Clearance	Planning Dept.		
Locational Clearnace	Planning Dept.		
Sanitary/Heralth Clearnace	City Health Dept.		
Occupany Permit	Local Building Office (LBO)		
Fire Safety Inspection Certificate	City Fire Dept.		
Others, please specify:			
ECC/LLDA	Cenro		

BPLO REMARKS

☐ **CLEARED (VERIFIED BY:)**	☐ **FOR ASSESSMENT (VERIFIED BY:)**		☐ **FOR INSPECTION (VERIFIED BY:)**

LOCATION SKETCH

AFFIDAVIT

I,_____ , Filipino, of legal age and a resident of _____,under oath, voluntarily state that:

1.I am the _____(state your position in the company/Business establishment / owner of_____("the establishment")

2.I am authorized to transact official business for and in behalf of this establishment;

3.The amount of capital invested/gross sales stated in our/my application is correct and is reflected in the book of accounts of the business;

4.I / the establishment understand(s) that the computation and assessment is subject to review;

5. Should it appear on the post-audit that there was underpayment of business taxes, I am /the Establishment is willing and ready to settle the shortage immediately upon notice;

6.I am / the establishment shall allow any duly authorized City personnel to conduct inspection of the Establishment and its records to ensurefaithfulcompliance with any regulatory measures and post inspection requirements as required by law, City Ordinance, rule or regulations;

7.I / the establishment understand(s) and agree(s)that upon finding of any falsehold, or misrepresentation in this application, or violation or non-compliance with any law, ordinace, rule or regulation, any permit issued to me / the Establishment shall be closed without further proceeding and by mere notice;

8.I execute this Affidavit to attest to the truth of the foregoing based on personal knowledge/belief and for all legal intents and purposes this may serve.

IN WITNESS WHEREOF, I have here unto signed my name below this _____ day of _____, at City of Taguig.

Signature of Applicant/Affiant/Authorized Rep

SUBSCRIBED AND SWORN TO BEFORE ME this _____day of _____, in _____, affiant exhibiting to me his/her_____, issued at_____on _____

NOTARY PUBLIC

Oath of Undertaing:

I undertake to comply with the regulatory requirements and other deficiencies within 30 days from release of the business permit

APPLICANT/REPRESENTATIVE'S OVER PRINTED NAME/DATE POSITION/TITLE

*****SUBJECT TO FURTHER ASSESSMENT AND ADJUSTMENT*****

(Evaluator's Signature over Printed name)

ASSESSMENT REVIEWED BY:

_____

CHIEF LICENSE DIVISION, TREASURY

ATTY. FANELLA JOY B. PANGA-CRUZ

OFFICER-IN CHARGE BPLO

O.R. NUMBER:_____

PERMIT NUMBER:_____