



REPUBLIC OF THE PHILIPPINES
CITY OF TAGUIG



BUSINESS PERMITS AND LICENSING OFFICE (BPLO)
2nd Floor City Hall, Gen. Luna St., Tuktukan, City of Taguig

BUSINESS PERMIT APPLICATION FORM

NEW RENEWAL TRANSFEREE _____ **DATE APPLIED:** _____

PLACE OF ORIGIN

MODE OF PAYMENT

ANNUALLY SEMI-ANNUALLY QUARTERLY

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

APPLICATION NO.

BARANGAY CODE NO.

BUSINESS INFORMATION

KIND OF OWNERSHIP: ASSOCIATION COOPERATIVE CORPORATION PARTNERSHIP SINGLE PROPRIETORSHIP

NAME OF BUSINESS:

TRADENAME:

BUSINESS ADDRESS:

TIN:	OFFICIAL WEBSITE:	EMAIL ADDRESS:
TEL NO.:	MOBILE PHONE:	NO. OF PERSONNEL:

BUSINESS OWNER INFORMATION

OWNER'S NAME/COMPANY NAME:	SSS NO.:
OWNER'S ADDRESS: UNIT NO. _____ BUILDING NO. _____ STREET _____ _____ BARANGAY _____	TEL. NO.: _____ MOBILE PHONE: _____
RESIDENCE CERT. NO.(CEDULA) _____	ISSUED AT: _____ ISSUED ON: _____
PRESIDENT/GEN. MANAGER:	TEL. NO.: _____
CONTACT PERSON:	TEL. NO.: _____

OTHER BUSINESS DETAILS

LESSOR LESSEE

RENT START:

MONTHLY RENTAL:

FLOOR AREA:

TYPE OF REGISTRATION

S.E.C
 D.T.I
 C.D.A
REGISTRATION NO. _____
EXPIRATION DATE: _____
 PEZA REGISTERED
DATE: _____

OTHER LICENSES AND FEES

SMOKING AREA : _____
 LICENSE TO SELL LIQOUR
 LICENSE TO SERVE LIQOUR TILL 2:00AM
 LICENSE TO SERVE LIQOUR TILL 10:00PM
 RETAIL CIGAR
 RETAIL SOFTDRINKS
 QUALIFICATION FEE
ENVIROMENTAL IMPACT FEE _____
SANITARY PERMIT _____

LINE OF BUSINESS	GROSS RECEIPT/SALES		EVALUATION
	PAST PREVIOUS	PREVIOUS	CURRENT

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

(Applicant / Representative's Signature over Printed Name / Date)

(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: _____

PLEASE ATTACH BUSINESS LOCATION SKETCH



Do you engage the service of security guards? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many?
What is the name and address of the security agency?	
Do you engage the service of a manpower agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many?
What is the name and address of the manpower agency?	

REMARKS:

AFFIDAVIT

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

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) and agree(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 ensure faithful compliance with any regulatory measures and post inspection requirements as required by law, City Ordinance, rule or regulation;
7. I / the establishment understand(s) and agree(s) that upon finding of any falsehood, or misrepresentation in this application, or violation or non – compliance with any law, ordinance, 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

