



REPUBLIC OF THE PHILIPPINES
CITY OF TAGUIG

BUSINESS PERMITS AND LICENSING OFFICE (BPLO)

2nd Floor City Hall, Gen. Luna St., Tuktukan, City of Taguig / 9th floor SM Aura Tower 26th cor. McKinley Parkway, 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: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		CTC No.	TIN:
Are you enjoying tax incentive from any Government Entity? <input checked="" type="checkbox"/> () Yes <input type="checkbox"/> () 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
Official Contact Person		No. of Contact Person	Comapany Email Adress
Designated Safety Officer (DSO):		DSO Contact Number:	DSO Email:

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: <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee Rent start: _____ Monthly rental _____ Floor Area: _____		

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

OTHER LICENSE AND FEES

<input type="checkbox"/> SMOKING AREA	<input type="checkbox"/> RETAIL CIGAR	<input type="checkbox"/> SANITARY PERMIT FEE
<input type="checkbox"/> LICENSE TO SELL LIQUOR	<input type="checkbox"/> RETAIL SOFTDRINKS	<input type="checkbox"/> ENVIRONMENTAL IMPACT FEE
<input type="checkbox"/> LICENSE TO SERVE LIQUOR TILL 10 PM	<input type="checkbox"/> QUALIFICATION FEE: _____	
<input type="checkbox"/> LICENSE TO SERVE LIQUOR TILL 2AM	<input type="checkbox"/> NO. OF TRUCK(S): _____	

VERIFICATION OF DOCUMENTS

Description	Office/Agency	Date Verified	VERIFIED BY: (Dept. Assigned)	REMARKS
Barangay Clearance	Barangay			
Assessor's Clearance	City Assessor's Office			
Zoning Clearance	Planning Department			
Locational Clearance	Planning Department			
Sanitary/Health Clearance	City Health Department			
Occupancy Permit	Local Building Office (LBO)			
Fire Safety Inspection Certificate	City Fire Department			
ECC/LLDA	CENRO			
Others, please specify:				

LOCATION SKETCH

Empty rectangular box for 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 ensure faithful compliance with any regulatory measures and post inspection requirements as required by law, City Ordinance, rules or regulations;
- 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 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 Undertaking:

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

APPLICANT/REPRESENTATIVE'S SIGNATURE 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
CHIEF, BPLO

O.R. NUMBER: _____

PERMIT NUMBER: _____