



APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

Municipality of Camiling

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be return 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:	<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 Entity?		

Name of Taxpayer / Registrant

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

2. OTHER INFORMATION

Business Address:					
Postal Code:			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:	Male:		No. of Employees Residing within Camiling:	Male:
		Female:			Female:

NOTE: FILL UP ONLY IF BUSINESS PLACE IN RENTED

Lessor's Full Name:
Lessor's Full Address:
Lessor's Full Telephone / Mobile No.:
Lessor's E-mail Address:
Monthly Rental:

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 release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE

II. LGU SECTION (Do Not Fill Up This Section)

1. VERIFICATION OF DOCUMENTS

DESCRIPTION (Attached the following:)	OFFICE/AGENCY	YES	NO	NOT NEEDED
Occupancy Permit (For New)	Office of the Building Official			
Barangay Business Clearance	Barangay (Where business is located)			
Sanitary Permit / Health Clearance	Municipal Health Services Office			
Municipal Environmental Clearance	Municipal Environment and Natural Resources Office			
Market Clearance (For Stall Holders)	Office of the Municipal Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by: BPLO

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount Due	Penalty / Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans / Trucks			
Tax on Storage for Combustibles/ Flammable or Explosive Substance			
Tax on Signboard / Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Garbage Charges			
Delivery Trucks / Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard / Billboard Renewal Fee			
Storage and Sale of Combustible / Flammable or Explosive Substance			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (15%)			

Assessed By : CTO

FSFI Assessment Approved By: BFP

III. MUNICIPALITY FIRE STATION SECTION

DATE: _____

Application No.: _____
(TO BE FILLEDUP BY APPLUICANT / OWNER)

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____

Address of Establishment: _____

Signature of Applicant/Owner

Certified by:
Customer Relations Officer
Time and Date Received:

**FIRE SAFETY INSFECTION
FREE ASSESSMENT:**

Important Notice: As per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of fire fighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).