

APPLICATION FOR BUSINESS PERMIT (Chicken Dung special permit application)

TAX YEAR _____

TUBLAY, BENGUET

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned 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**
 New Renewal Mode of Payment: Annually Semi-Annually Quarterly

Date of Application: _____ DTI/SEC/CDA Registration No.: _____

TIN No.: _____ DTI/SEC/CDA Registration No.: _____

Type of Business: Single Partnership Corporation CooperativeAmendment: From Single Partnership CorporationTo Single Partnership CorporationAre you enjoying tax incentive from any government entity: Yes No

Please specify the entity _____

Name of Taxpayer/Registrant

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy) _____

Business Name: _____

Trade Name/Franchise: _____

For Partnership/Corporation/Cooperative: _____

2. OTHER INFORMATION**Business Address:**

Postal Code: _____ Email Address: _____

Telephone No.: _____ Mobile No.: _____

Owner's Address:

Postal Code: _____ Email Address: _____

Telephone No.: _____ Mobile No.: _____

In case of emergency, provide name of person:

Telephone/Mobile No.: _____ Email Address: _____

Business Area (in Sq. M.): _____ Total No. of employees in establishment : _____ No. of Employees Residing within LGU: _____

*Note: Fill Up Only if Business Place is Rented***Lessor's Full Name:**

Lessor's Full Address: _____

Lessor's Full Telephone/Mobile No.: _____

Lessor's Email Address: _____

Monthly Rental:**3. BUSINESS ACTIVITY**

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (for Renewal)	
			Essential	Non-Essential
Operation of Chicken Dung Business				
- storage, selling, display, and dealing				

I DECLARE UNDER PENALTY OF PERJURY that the forgoing 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	Office/Agency	Yes	No	Not Needed
Documents accompanying application form to be submitted by the applicant:				
1. Barangay Endorsement (supported by documentary evidences of the conduct of public consultations)	Barangay Office			
2. Barangay Clearance				
3. Police Clearance	Tublay MPS Office			
4. a. Location Sketch supported by certified machine copy of: ai. Title of the lot or Tax Declaration a.ii. SPA if not the lot owner	Municipal Assessor's Office			
5. Solid Waste Management	MENRO			
6. Occupancy Permit	Office of the Building Official			
7. Tax & Fees Clearance for previous year account	Treasury Office			
8. Health/ Sanitary Permit	MHO			
Submit all eight (8) documents to the BPLO for the preparation of transmittal letter to the SBO				
9. SB Resolution	SB Office			
10. Zoning Clearance	MPDO			
11. Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by: BPLO _____ Date: _____

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount	Penalty/ Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboard/Billboard			
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			
Certificate of Use (Occupancy permit)			
Signboard/Billboard Renewal Fee			
Storage and Sale of Combustible Flammable of Explosive Substance			
Others: Provincial Permit			
Locational Sketch			
Zoning Clearance			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (10%)			

Assessed by: MTO _____

FSIF Assessment Approved by: BFP _____

III. MUNICIPALITY FIRE STATION SECTION

APPLICATION No.: _____ **DATE:** _____
 (TO BE FILLED UP BY APPLICANT/OWNER)
Name of Applicant/Owner: _____
Name of Business: _____
Total Floor Area: _____ **Contact No.:** _____
Address of Establishment: _____

Signature of Applicant/Owner _____

Certified by:
 Customer Relations Officer: _____
 Time and Date Received: _____

FIRE SAFETY INSPECTION FEE 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).