



# APPLICATION FOR BUSINESS PERMIT (Unified Form)

**TAX YEAR 2022**

**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

<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 Registration No.:							
Type of Business:		<input type="checkbox"/>	Single	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Cooperative		
Amendment: From		<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 the entity _____											
Name of Taxpayer/Registrant _____											

Last Name:	First Name:	Middle Name:	Civil Status:
Date of Birth(MM/DD/YYYY)			
Business Name:			
Trade Name/Franchise:			

### 2. OTHER INFORMATION

**Note:** For renewal applications, do not fill up this section unless certain information have changed.

Business Address:	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:
Owner's Address:	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:
<b>In case of emergency</b> , 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

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
1. Occupancy Permit	Office of the Building Official			
2. Barangay Clearance	Barangay			
3. Sanitary Permit/Health Clearance	Municipal Health Office			
4. Solid Waste Mgmt.Seminar	Municipal Env't & Natural Resources Unit			
5. Market Clearance (for Stall Holders)	Municipal Market Adm. Office			
6. Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
7. Police Clearance	Tublay Municipal Police Station Office			
8. Locational Sketch	Municipal Assessor's Office			
9. Zoning Clearance	Municipal Planning & Dev't Office			

Verified by: BPLO \_\_\_\_\_

**2. ASSESSMENT OF APPLICABLE FEES**

Local Taxes	Amount	Penalty/Surcharge	Total
<b>Gross Sales Tax</b>			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboard/Billboard			
Retailers			
<b>REGULATORY FEES AND CHARGES</b>			
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			
<b>TOTAL FEES for LGU</b>			
<b>FIRE SAFETY INSPECTION FEE (10%)</b>			

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).