



# Municipality of TUBLAY

## UNIFIED APPLICATION FORM FOR BUSINESS PERMIT



(Do Not Fill-Up-For BPLS Use)

<input checked="" type="checkbox"/>	<b>NEW</b>	<b>RENEWAL</b>
<input type="checkbox"/>	ADDITIONAL/ CHANGE kind/item	Annually
<input type="checkbox"/>	CHANGE of business address	Bi-annually
<input type="checkbox"/>		Quarterly

Date of Receipt: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Business ID Number: \_\_\_\_\_

### A. BUSINESS INFORMATION AND REGISTRATION

Please Choose one  Sole Proprietorship  One Person Corporation  Partnership  Corporation  Cooperative  
 Male  Female  Male  Female

DTI/SEC/CDA Registration Number: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

**Business / Trade Name:** (For Sole proprietor) or  
**Corporate Name:** (For Coop; Corp; Partnership)

**Trade Name/Franchise Name:**  
 (If applicable)

**Home Address/Main Office Address:** Bldg. No. \_\_\_\_\_ Name of Bldg. \_\_\_\_\_ Lot No. \_\_ Block No. \_\_  
 Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
 City/ Municipality \_\_\_\_\_ Province \_\_\_\_\_ Zip code \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Owner:**

(For Sole Proprietorship)

**Surname:** \_\_\_\_\_

**Given Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Suffix**

**Name of Pres./ OIC:**

(For Corporations/ Cooperative/  
Partnerships)

**Surname**

**Given Name:**

**Middle Name:**

**Suffix**

**For Corporation:**  Filipino  Foreign

**In case of emergency,  
Name of Contact Person:**

**Contact Number:**

\*\*\* Write OLD address if CHANGE of Business address/ Write old kind/ item if change of item/kind.

### B. BUSINESS OPERATION

\_\_\_\_ Business Area (in sq.m):

\_\_\_\_ Total Flr Area (in sq.m):

**Total No. of employees in  
establishment:**

\_\_\_\_ Male \_\_\_\_ Female

**No. of Employees  
residing within \_\_\_\_\_  
Tublay**

**No. of Delivery Vehicles (If  
applicable):**  
 \_\_\_\_ Van/Truck \_\_\_\_ Motorcycle

Same as Home Address/ Main Office Address. (If same as Home/Main Office Address, DO NOT FILL-UP bellow)

**Business Location Address:** House/Bldg. No. \_\_\_\_\_ Name of Bldg: \_\_\_\_\_ Lot No. \_\_ Block No. \_\_  
 Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Municipality TUBLAY Province BENGUET Zip code 2615

Business location, Owned?  Yes, If Yes, Tax Declaration No. \_\_\_\_\_ or Property ID No. \_\_\_\_\_  
 No, if No please present any of the ff:  Contract of lease  MOA  Written consent of owner

**Do you have tax incentives from any Government Entity?**  Yes (Pls. attach a copy of your Certificate)  No

**Business Activity** (Please check one):

Admin. Office Only

Main Business/ Office

Branch Office

Warehouse

Others. Please specify: \_\_\_\_\_

Line of Business	Philippine Standard Industrial Code (PSIC), If available.	Product/ Services	No. of Units

**Capitalization**  
 (For New Application):

**Last Year's Gross  
Sales/ Receipt** (For  
Renewal):

**I DECLARE UNDER PENALTY OF PERJURY** that all information in this application is true and correct based on my personal knowledge and authentic records submitted to the Mayor's Office - Business Permits & Licensing Section. **Any false or misleading information supplied, or the production of fake/falsified documents shall be ground for appropriate legal action against me and automatically revokes the permit.** I hereby agree that all personal data (as defined under the Data Privacy Law of 2017 and its Implementing Rules and Regulations) and account transaction information or records with the Municipal Government may be processed, profiled, or shared with requesting parties or for the purpose of any court, legal process, examination, inquiry, and audit or investigation of any authority.

\_\_\_\_\_  
Signature of Applicant/ Owner over printed name

\_\_\_\_\_  
Designation / Position/ Title

# VERIFICATION OF DOCUMENTS

(For BPLS use only)

STANDARD DOCUMENTARY REQUIREMENTS:	FOR	OFFICE/ AGENCY	YES	NO	REMARKS
1. Proof of Registration issued by DTI/ SEC/ CDA/ DOLE whichever is applicable	New	DTI/ SEC/ CDA			
2. Proof of right of the applicant to use location as business address w/c may include any of the following; a. If owned, proof of ownership – TCT/OCT or Tax Declaration b. If not owned by the applicant – Contract of Lease, MOA, or Written consent of the property owner	New	a. Owner/applicant  b. Lessor/ Applicant			
3. Location plan or sketch of the location, clearly showing where the business premises is located	New	Owner/applicant			
4. Fire Safety Inspection Certificate for Occupancy, valid in the last 9 months (requirement of BFP)	New	BFP/ applicant			
5. For applicant w/ a valid FSIC for Occupancy, Affidavit of Undertaking that there had been no substantial changes made to the building/ establishment given the FSIC (requirement of BFP)	New	BFP/ applicant			
<b>OTHER REQUIREMENTS, IF APPLICABLE</b>					
Other applicable clearances, permits, authorizations, and certifications in compliance with certain laws	New/ Renewal/ Additional	Concerned office/ agency			

**FOR ENDORSEMENTS:**

1. Locational Sketch Map and/ or Verification of Ownership	New/ Change Location/ Additional	Municipal Assessor's Office			
2. Zoning/ Locational Clearance	New/ Change Location/ Additional	Municipal Planning & Development Office/ Zoning Section			
3. Occupancy Certificate/ MEO Certification or its equivalent	New/ Change Location/ Additional	Municipal Engineering Office			
4. Solid Waste Management Orientation Certificate	New/ Change Location/ Additional	Municipal Environment and Natural Resources Unit (MENRU)			
5. Sanitary Permit/ Health Certificate	New/ Renewal/ Change Location/ Additional	Municipal Health Office/ RHU			
6. Fire Safety Inspection Certificate (FSIC)	New/ Renewal/ Change Location/ Additional	Tublay - BFP			

Verified by:

\_\_\_\_\_   
 BPLO or Representative



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CHANGE of business address	<input type="checkbox"/>	Quarterly

Date of Receipt: \_\_\_\_\_

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Business ID Number: \_\_\_\_\_

### C. BUSINESS INFORMATION AND REGISTRATION

Please Choose one  Sole Proprietorship  One Person Corporation  Partnership  Corporation  Cooperative  
 Male  Female  Male  Female

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Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
City/ Municipality \_\_\_\_\_ Province \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner: (For Sole Proprietorship) Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Name of Pres./ OIC: (For Corporations/ Cooperative/ Partnerships) Surname \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix \_\_\_\_\_

For Corporation:  Filipino  Foreign

In case of emergency, Name of Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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### D. BUSINESS OPERATION

Business Area (in sq.m): \_\_\_\_\_ Total No. of employees in establishment: \_\_\_\_\_ No. of Employees residing within \_\_\_\_\_ No. of Delivery Vehicles (If applicable): \_\_\_\_\_  
Total Flr Area (in sq.m): \_\_\_\_\_ Male \_\_\_\_\_ Female Tublay \_\_\_\_\_ Van/Truck \_\_\_\_\_ Motorcycle \_\_\_\_\_

Same as Home Address/ Main Office Address. (If same as Home/Main Office Address, DO NOT FILL-UP bellow)

Business Location Address: House/Bldg. No. \_\_\_\_\_ Name of Bldg: \_\_\_\_\_ Lot No. \_\_ Block No. \_\_  
Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
Municipality \_\_\_\_\_ TUBLAY \_\_\_\_\_ Province \_\_\_\_\_ BENGUET \_\_\_\_\_ Zip code 2615

Business location, Owned?  Yes, If Yes, Tax Declaration No. \_\_\_\_\_ or Property ID No. \_\_\_\_\_  
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Do you have tax incentives from any Government Entity?  Yes (Pls. attach a copy of your Certificate)  No

Business Activity (Please check one):  Main Business/ Office  Branch Office  
 Admin. Office Only  Warehouse  Others. Please specify: \_\_\_\_\_

Line of Business	Philippine Standard Industrial Code (PSIC), If available.	Product/ Services	No. of Units

Capitalization (For New Application): \_\_\_\_\_ Last Year's Gross Sales/ Receipt (For Renewal): \_\_\_\_\_

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Signature of Applicant/ Owner over printed name

\_\_\_\_\_  
Designation / Position/ Title

# VERIFICATION OF DOCUMENTS

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STANDARD DOCUMENTARY REQUIREMENTS:	FOR	OFFICE/ AGENCY	YES	NO	REMARKS
Proof of annual gross receipts such as: <ul style="list-style-type: none"> <li>• Audited Financial Statements (AFS) or unaudited AFS for those who are not required to file AFS with the BIR</li> <li>• Sworn declaration of gross sales or receipts</li> <li>• Income tax returns</li> </ul>	RENEWAL	Owner/applicant			
<b>OTHER REQUIREMENTS, IF APPLICABLE</b>					
Other applicable clearances, permits, authorizations, and certifications in compliance with certain laws	New/ Renewal/ Additional	Concerned office/ agency			
<b>FOR ENDORSEMENTS:</b>					
7. Locational Sketch Map and/ or Verification of Ownership	New/ Change Location/ Additional	Municipal Assessor's Office			
8. Zoning/ Locational Clearance	New/ Change Location/ Additional	Municipal Planning & Development Office/ Zoning Section			
9. Occupancy Certificate/ MEO Certification or its equivalent	New/ Change Location/ Additional	Municipal Engineering Office			
10. Solid Waste Management Orientation Certificate	New/ Change Location/ Additional	Municipal Environment and Natural Resources Unit (MENRU)			
11. Sanitary Permit	New/ Renewal/ Change Location/ Additional	Municipal Health Office/ RHU			
12. Fire Safety Inspection Certificate (FSIC)	New/ Renewal/ Change Location/ Additional	Tublay - BFP			
Verified by: _____ BPLO or Representative					