

Annex 1:

APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____
MUNICIPALITY OF CABATUAN
 CABATUAN, ISABELA

2x2
picture

Status of Application:

<input type="checkbox"/>	New
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Additional

Amendments:

<input type="checkbox"/>	From Single to Partnership
<input type="checkbox"/>	From Single to Corporation
<input type="checkbox"/>	From Partnership to Single
<input type="checkbox"/>	From Partnership to Corporation
<input type="checkbox"/>	From Corporation to Single
<input type="checkbox"/>	From Corporation to Partnership

Mode of Payments:

<input type="checkbox"/>	Annually
<input type="checkbox"/>	Bi-annually
<input type="checkbox"/>	Quarterly

Mayor' Permit No. _____

Date of Application:	DTI/SEC/CDA Registration No.:
Reference No:	DTI/SEC/CDA Registration Date:
Type of Organization: () Single () Partnership () Corporation () Cooperative	CTC No. TIN:
Are you Enjoying tax incentive from any Government Entity? () Yes () No Please specify entity:	

NAME OF TAX PAYER

Last Name:	First Name:	Middle Name:
Business Name:		
Trade Name/ Franchise:		
Name of President/ Treasurer of Corporation:		
Last Name:	First Name:	Middle Name:

Business Category: () Single () Main Office () Branch () Sub Branch	
Nature of Business: () Wholesale () Retail () Restaurant () Transport () Services	
Raw Materials: Materials: _____ Source: _____	
Total no. of workers in establishment: Market Catered: () Local () Outside (export)	
Breakdown: Professional Total No.:	Equipment/Facilities(Please specify):
Skilled Total No.:	
Semi-skilled Total No.:	
Un-skilled Total No.:	
Business Area (in sq m):	

BUSINESS**OWNER'S ADDRESS**

Street :	Street:
Barangay:	Barangay:
Municipality:	Municipality:
Province:	Province:
Tel. No.:	Tel. No.:
CP. No.:	CP. No.:

If place of Business is rented, please identify the following: Lessor's Name		Monthly Rental:
Last Name:	First Name:	Middle Name:

Lessor's Address

Street	Street
Barangay	Barangay
Tel. No.	Tel. No.

In case of emergency: Please Contact:

Business Activity	No. of Units	Capitalization	GROSS SALES OR GROSS RECEIPTS
Line of Business			

OATH OF UNDERTAKING

I undertake to comply with the regulatory requirements and other deficiencies. I also hereby certify to the best of my knowledge that the above informations are true and correct.

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION/ TITLE

Requirements:

- Community Tax Certificate (Cedula)
- Barangay Clearance (Owner)
- Barangay Business Clearance
- Photocopy of Sanitary Permit
- Photocopy of DTI Registration
- Photocopy of BIR Registration
- Photocopy of Fire Safety Permit
- 1pc . 2x2 picture of the owner
- 1pc. 3R picture of the establishment (front view with trash cans)
- Fill-up Application Form for Business Permit
- Latest receipt of Business License (Renewal)
- Updated Real Property Tax
- SSS clearance

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