

UNIFIED FORM

TAX YEAR:

APPLICATION FORM FOR BUSINESS PERMIT

CITY OF TAGUM

<input type="checkbox"/> New	<input type="checkbox"/> Ammendment:	<input type="checkbox"/> Mode of Payment	
<input type="checkbox"/> Renewal	<input type="checkbox"/> From Single to Partnership	<input type="checkbox"/>	<input type="checkbox"/> Annually
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation	<input type="checkbox"/>	<input type="checkbox"/> Bi-Annually
<input type="checkbox"/> Transfer	<input type="checkbox"/> From Partnership to Single	<input type="checkbox"/>	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Ownership	<input type="checkbox"/> From Partnership to Corporation		
<input type="checkbox"/> Location	<input type="checkbox"/> From Corporation to Single		
<input type="checkbox"/>	<input type="checkbox"/> From Corporation to Partnership		
Date of Application:		DTI/SEC/CDA Registration No.:	
Reference No. :		DTI/SEC/CDA date of registration:	
Type of Organization : <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> Coop		CTC No.	TIN:
Are you enjoying tax incentive from any Government Entity? () yes () no Please specify entity:			
Name of Taxpayer:			
Last Name:		First Name:	Middle Name:
Business Name:			
Trade Name / Franchise:			
Name of President/ Treasurer of corporation:			
Last Name:		First Name:	Middle Name:
Business Address		Owner's Address	
House No./Bldg. No.:		House No./Bldg. No.:	
Building Name :		Building Name :	
Unit No.:		Unit No.:	
Street:		Street	
Barangay:		Barangay:	
Subdivision:		Subdivision:	
City/Municipality: CITY OF TAGUM		City/Municipality:	
Province		Province	
Tel. No.		Tel. No.	
Email Address		Email Address	
Property Index Number (PIN)			
Business Area (in sqm)		Total No. of Employees in Establishment:	# of Employees Residing in LGU:
If Place of Business is Rented, please identify the following : Lessor's Name			Monthly Rental:
Last Name:		Middle Name:	
First Name:			
Lessor's Address			
House No./Bldg. no		Subdivision	
Street		City/Municipality	
Barangay		Province	
Tel. No.		Email Address	
In case of emergency:		Contact Person/ Tel no./Mobile Phone/email address:	
Business Activity		No. of Units	Capitalization (for new business)
			Gross Sales/Receipts (for renewal)
Code	Line of Business	Essential	Non - Essential
<i>Oath of Undertaking</i>			
<i>I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.</i>			
SIGNATURE OF APPLICANT OVER PRINTED NAME			POSITION/TITLE