

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:	First Name:	Middle 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

**Application Form for Business
Application No.:**

ASSESSMENTS

LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY/ SURCHARGE	TOTAL	ASSESSED BY

VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/AGENCY	DATE ISSUED	VERIFIED BY: (BPLO STAFF)
BARANGAY CLEARANCE	BARANGAY		
ZONING CLEARANCE	ZONING ADMIN.		
SANITARY/HEALTH CLEARANCE	CITY HEALTH DEPT.		
OCCUPANCY PERMIT	BLDG. OFFICIAL		
FIRE SAFETY INSPECTION CERTIFICATE	CITY FIRE DEPT.		
OTHERS, PLEASE SPECIFY:			

Assessment reviewed by:

Approval Recommended by:

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 application form are complete and properly filled out.