

ANNEX 1 (Page 1 of 2)				
APPLICATION FORM FOR BUSINESS PERMIT				
TAX YEAR _____				
ILOILO CITY				
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 Date of 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 incentives 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:
Business Name:				
Trade Name / Franchise:				
2. OTHER INFORMATION				
Note: <b>For renewal applications</b> , do not fill up this section unless certain information have changed.				
Business Address:				
Postal Code:		E-mail Address:		
Telephone No.:		Mobile No.:		
Owner's Address:				
Postal Code:		E-mail Address:		
Telephone No.:		Mobile No.:		
In case of emergency, provide name of contact person:				
Telephone / Mobile No.:		E-mail 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 / Receipt ( for Renewal )	
			Essential	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that the foregoing 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

ANNEX 1 (Page 2 of 2)Application Form for Business Permit				
II. LGU SECTION (Do Not Fill Up This Section)				
1. VERIFICATION OF DOCUMENTS				
Description	Office / Agency	Yes	No	Not Needed
Occupancy Permit/Locational Clearance (For New)	Office of the Building Official			
Barangay Clearance ( For Renewal )	Barangay			
Sanitary Permit/Health Clearance	City Health Office			
City Environmental Certificate	City Environmental and Natural Resources Office			
Market Clearance (For Stall Holders)	Office of the City Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Verified by: BPLO  _____				
2. ASSESSMENT OF APPLICABLE FEES				
Local Taxes	Amount Due	Penalty / Surcharge	Total	
Gross Sales Tax				
Tax on Delivery Vans / Truck				
Tax on Storage for Combustible / Flammable of Explosive Substance				
Tax on Signboards / Billboards				
REGULATORY FEES AND CHARGES				
Mayor's Permit Fee				
Garbage Charges				
Delivery Truck / Vans Permit Fee				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Mechanical Inspection Fee				
Plumbing Inspection Fee				
Signboards / Billboard Renewal Fee				
Storage and Sale of Combustible / Flammable or Explosive Substances				
Others:				
TOTAL FEES for LGU				
FIRE SAFETY INSPECTION FEE ( 10% )				
Assessed by: CTO  _____		FSIC Assessment Approved by: BFP  _____		
III. CITY/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 Regulation of the Fire Code 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).