



Republic of the Philippines
Province of Oriental Mindoro

CALAPAN CITY



APPLICATION FORM FOR BUSINESS PERMIT TAX YEAR _____

Applied for:	<input type="checkbox"/> New <input type="checkbox"/> Renewal	Amendment:	<input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> From Corporation to Single	<input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Partnership	Mode of Payment	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly
Transfer of:	<input type="checkbox"/> Location <input type="checkbox"/> Ownership					

Date of Application:		DTI/SEC/CDA Registration No.:			
BID No.		DTI/SEC/CDA Date of Registration:			
Type of Organization		CTC No.	Date Issued	Place Issued	TIN

Are you enjoying tax incentive from any Government entity? Please specify the entity:

Name of Taxpayer:

Business Name:

Trade Name/Franchise:

Name of President/Treasurer of Corporation:

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:	City:
Province:	Province:
Tel. No.:	Tel. No.:
Email Address:	Email Address:

Property Index Number (PIN)				
Business Floor Area (in sq.m.)	Total No. of Employees of the Establishment:	No. of Male	No. of Female	No. of Employees Residing in Calapan City:

If place of business is rented, please identify the following: Monthly Rental

Lessor's Name:

Lessor's Address				
House No./Bldg No.		Subdivision:		
Street:		City:		
Barangay:		Province:		
Tel. No.:		Email Address:		
Contact Person in case of Emergency:		Tel. No./Mobile Phone No./Email Address		

Business Activity		No. of Units	Capitalization (For New Business)	Gross Sales/receipts (for Renewal)
Code	Line of Business			

OATH OF UNDERTAKING

I attest to the truth of the foregoing facts and undertake to comply with the lacking regulatory requirements and other deficiencies within **120 days** from release of the business permit. Any violations and non-compliance shall mean the automatic revocation and cancellation of the same.

I understood that my personal data collected by the City Government of Calapan shall be used for records and documentation of my application for new/renewal of Business Permit. Only the authorized employees of the CGC shall be allowed to access such personal data, for any purpose, except for those contrary to law, public policy, public order or morals. My personal data under the custody of CGC shall be disclosed only pursuant to a lawful purpose, and to authorized recipients of such data.

SIGNATURE OF APPLICANT OVER PRINTED NAME	POSITION/TITLE
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Description	Office/Agency	Date Issued	Verified by:	Remarks
Barangay Business Clearance	Barangay Hall			
Locational Clearance (Zoning)	Office of the Zoning Administrator			
Sanitary/Health Certificate	Office of the City Health Officer			
Occupancy Permit	Office of the Building Official			
Fire Safety Inspection Certificate	Bureau of Fire Protection			
Others				

Instruction:

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.