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| **ANNEX 1 (Page 1 0f 2)** | | | | | | | | | | | | |
| **APPLICATION FORM FOR BUSINESS PERMIT**  **TAX YEAR \_\_\_\_\_\_\_\_\_**  **MUNICIPALITY OF RODRIGUEZ** | | | | | | | | | | | | |
| **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 form (if any) are complete and properly filled out. | | | | | | | | | | | | |
| 1. **APPLICATION SECTION** | | | | | | | | | | | | |
| 1. **BASIC INFORMATION** | | | | | | | | | | | | |
| □ New □ Renewal | | | Mode of Payment: □ Annually □ Semi – Annually □ Quarterly | | | | | | | | | |
| Date of Application: | | | | | | | DTI / SEC / CDA Registration No: | | | | | |
| TIN NO. : | | | | | | | DTI / SEC / CDA Registration Date: | | | | | |
| Type of Business: **□ Single □ Partnership □ Corporation □ Cooperative** | | | | | | | | | | | | |
| Amendment: **From** **□ Single □ Partnership □ Corporation** | | | | | | | | | | | | |
| **To** **□ Single □ Partnership □ Corporation** | | | | | | | | | | | | |
| Are you enjoying tax incentive from any Government Entity? **□ Yes □ No Please specify entity?** | | | | | | | | | | | | |
| Name of Taxpayer / Registrant | | | | | | | | | | | | |
| Last Name: | | First Name: | | | | | | | | Middle Name: | | |
| Business Name: | | | | | | | | | | | | |
| Trade Name/ Franchise: | | | | | | | | | | | | |
| 1. **OTHER INFORMATION**   **Note: For renewal applicants**, do not fill up this section unless certain information have changed. | | | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | |
| Postal Code: | | | | | Email Address: | | | | | | | |
| Telephone No: | | | | | Mobile No: | | | | | | | |
| Owner’s Address | | | | | | | | | | | | |
| Postal Code: | | | | | | Email Address: | | | | | | |
| Telephone No: | | | | | | Mobile No: | | | | | | |
| In case of emergency, provide name of contact person: | | | | | | | | | | | | |
| Telephone/ Mobile No: | | | | | | | | Email Address: | | | | |
| Business Area (in sq. m.): | | Total No. of Employees in Establishment  Male: Female: | | | | | | | | | No. of Employees Residing within LGU: Male: Female: | |
| **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: | | | | | | | | | | | | |
| 1. **BUSINESS ACTIVITY** | | | | | | | | | | | | |
| Line of Business | No. of Units | | | Capitalization (for New Business) | | | | | Gross/Sales Receipts (for Renewal) | | | |
| Essential | | | Non- Essential |
|  |  | | |  | | | | |  | | |  |
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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 Permits** | | | | | | | |
| 1. **LGU SECTION (Do Not Fill Up This Section)** | | | | | | | |
| 1. **VERIFICATION OF DOCUMENTS** | | | | | | | |
| **Description** | **Office/Agency** | | | **Yes** | **No** | | **Not Needed** |
| Occupancy Permit (For New) | Engineering Office | | |  |  | |  |
| Barangay Clearance (For New/Renewal) | Barangay | | |  |  | |  |
| Sanitary Permit/ Health Clearance | Rodriguez Health Unit | | |  |  | |  |
| City Environment Certificate | City Environment and Natural Resources Office | | |  |  | |  |
| Market Clearance (For Stall Holders) | Office of Municipal Market Administration | | |  |  | |  |
| Valid Fire Safety Inspection Certificate | Bureau of Fire Protection | | |  |  | |  |
| **Verified by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. **ASSESSMENT OF APPLICABLE FEES** | | | | | | | |
| **Local Taxes** | | **Amount Due** | **Penalty/Surcharge** | | | **Total** | |
| Gross Sale Tax | |  |  | | |  | |
| Tax on Delivery Vans/ Trucks | |  |  | | |  | |
| Tax on Storage for Combustible/ Flammable of Explosive Substance | |  |  | | |  | |
| Tax on Signboard/ Billboards | |  |  | | |  | |
| **REGULATORY FEES AND CHARGES** | | | | | | | |
| Mayor’s Permit Fee | |  |  | | |  | |
| Garbage Charges | |  |  | | |  | |
| Delivery Trucks/Vans Permit Fee | |  |  | | |  | |
| Sanitary Inspection Fee | |  |  | | |  | |
| Building Inspection Fee | |  |  | | |  | |
| Electrical Inspection Fee | |  |  | | |  | |
| Mechanical Inspection Fee | |  |  | | |  | |
| Plumbing Inspection Fee | |  |  | | |  | |
| Signboard/Billboard New Fee | |  |  | | |  | |
| Signboard/Billboard Renewal Fee | |  |  | | |  | |
| Storage and Sale of Combustibles/ Flammable or Explosive Substance | |  |  | | |  | |
| Others | |  |  | | |  | |
| **TOTAL FEES for LGU** | |  |  | | |  | |
| **FIRE SAFETY INSPECTION FEE (10%)** | |  |  | | |  | |
| **Assessed by: FSIF Assessment Approved by :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ------------------------------------------------------------------------------------------------------------------------------------------------------------   1. **CITY / MUNICIPALITY FIRE STATION SECTION** | | | | | | | |
| **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **APPLICATION NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(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**  □   |  |  | | --- | --- | | FIRE SAFETY INSPECTION FEE ASSESSMENT: |  |   **Certified by:**  Customer Relation Officer:  Time and Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**Important Notice: As per Section 12 of the Implementing Rules and Regulation of the Fire Code of 2008, certain establishments (e.g. building lessor, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fee. These shall be collected during inspection or in other process to be communicated by representatives of the Bureau of Fire Protection (BFP)**