

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.

I. APPLICATION 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 Registration Date:		
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 incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify entity?				
Name of Taxpayer / Registrant				
Last Name:	First Name:	Middle Name:		
Business Name:				
Trade Name/ Franchise:				

2. 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		No. of Employees Residing within LGU:	
	Male:	Female:	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:				

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (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 Permits				
II. 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: _____				
2. 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%)				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Assessed by: _____ </div> <div style="width: 45%;"> FSIF Assessment Approved by : _____ </div> </div> <hr style="border-top: 1px dashed black;"/>				
III. 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 <input type="checkbox"/>				
Certified by: Customer Relation 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 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)