

# Annex 2: BPLS Unified Form

Annex 1 (Page 1 of 2): Application Form for Business Permit

TAX YEAR \_\_\_\_\_

CITY/MUNICIPALITY \_\_\_\_\_

|  |  |   |
|--|--|---|
| <input type="checkbox"/> New<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> Additional<br><br><input checked="" type="checkbox"/> <b>Transfer:</b><br><input type="checkbox"/> Ownership<br><input type="checkbox"/> Location | <b>Ammendment:</b><br><input type="checkbox"/> From Single to Partnership<br><input type="checkbox"/> From Single to Corporation<br><input type="checkbox"/> From Partnership to Single<br><input type="checkbox"/> From Partnership to Corporation<br><input type="checkbox"/> From Corporation to Single<br><input type="checkbox"/> From Corporation to Partnership | <b>Mode of Payment</b><br><input type="checkbox"/> Annually<br><input type="checkbox"/> Bi-Annually<br><input type="checkbox"/> Quarterly |
|--|--|---|

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Reference No.: \_\_\_\_\_ DTI/SEC/CDA date of registration: \_\_\_\_\_

Type of Organization:  Single  Partnership  Corporation  Cooperative CTC No. \_\_\_\_\_ TIN: \_\_\_\_\_

Are you enjoying tax incentive from any Government Entity?  Yes  No Please specify the 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/municipality: \_\_\_\_\_

Province: \_\_\_\_\_ Province: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Index Number (PIN): \_\_\_\_\_

Business Area (in sq m): \_\_\_\_\_ 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 No./ Email Address: \_\_\_\_\_

| Business Activity |                  | No. Of Units | Capitalization (for new business) | Gross Sales/ Receipts (for renewal) |               |
|-------------------|------------------|--------------|-----------------------------------|-------------------------------------|---------------|
|                   |                  |              |                                   | Essential                           | Non-Essential |
| Code              | Line of Business |              |                                   |                                     |               |
|                   |                  |              |                                   |                                     |               |
|                   |                  |              |                                   |                                     |               |
|                   |                  |              |                                   |                                     |               |

**Oath of Undertaking:**

*I undertake to comply with the regulatory requirements and other deficiencies within 30 days from release of the business permit*

|   |                |
|---|----------------|
| SIGNATURE OF APPLICANT OVER PRINTED NAME: | POSITION/TITLE |
|---|----------------|

## Annex (Page 2 of 2): Application Form for Business

Application No. 000-000-000-0000

**ASSESSMENTS:**

| <b>LOCAL TAXES</b>   | <b>REFERENCE</b> | <b>AMOUNT DUE</b> | <b>PENALTY/SURCHARGE</b> | <b>TOTAL</b> | <b>ASSESSED BY</b> |
|--|------------------|-------------------|--------------------------|--------------|--------------------|
| Gross Sales Tax  |                  |                   |                          |              |                    |
| Tax on delivery vans/trucks                                      |                  |                   |                          |              |                    |
| Tax on storage for combustible/flammable of explosive substance  |                  |                   |                          |              |                    |
| Tax on signboard/billboards                                      |                  |                   |                          |              |                    |
| <b>REGULATORY FEES AND CHARGES</b>                               |                  |                   |                          |              |                    |
| 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 Renewal Fee                                  |                  |                   |                          |              |                    |
| Signboard/Billboard Permit Fee                                   |                  |                   |                          |              |                    |
| Storage and Sale of Combustible/Flammable or Explosive Substance |                  |                   |                          |              |                    |
| Others:  |                  |                   |                          |              |                    |

**VERIFICATION OF DOCUMENTS**

| <b>Description</b>                 | <b>Office/Agency</b> | <b>Date Issued</b> | <b>VERIFIED BY:(BPLO STAFF)</b> |
|------------------------------------|----------------------|--------------------|---------------------------------|
| 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.