

**Region 12 LGU Business Application Form
Cotabato City**

- | | | | |
|----------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> New | Transfer | No. | |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Ownership | Amendment | |
| | <input type="checkbox"/> Location | <input type="checkbox"/> From Single to Partnership | <input type="checkbox"/> From Partnership to Corporation |
| | <input type="checkbox"/> | <input type="checkbox"/> From Single to Corporation | <input type="checkbox"/> From Corporation to Single |
| | | <input type="checkbox"/> From Partnership to Single | <input type="checkbox"/> From Corporation to Partnership |

Date of Application (with complete requirements)	<input type="text"/>	DTI/SEC/CDA Registration No.:	<input type="text"/>
Reference No.:	<input type="text"/>	Date of Registration	<input type="text"/>
		TIN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BUSINESS OWNER INFORMATION

Name of Taxpayer:	
Business Name:	Trade Name/Franchise:
Type of Organization: <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Corporation (Stock Non-Stock Partnership)	
Date Business Begun:	Date Business Begun:
Citizenship/Nationality:	Corporate Citizenship:
SSS No.:	SSS No.:
Philhealth No.:	Philhealth No.:
BIR/RDO No.:	BIR/RDO No.:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name of President/Treasurer:
Civil Status: <input type="checkbox"/> <input type="checkbox"/>	Authorized Stock Amount (PhP):
	Subscribed Stock (PhP): Paid-up (PhP):

BUSINESS ADDRESS BUSINESS OWNER'S ADDRESS

House No./Bldg. No.:	Bldg. Room No.:	House No.:	Unit No.:
Building Name:		Building Name:	
Street:		Street:	
Barangay:		Barangay:	
Subdivision:		Subdivision:	
City/Municipality:	Zip Code:	City/ Municipality:	Zip Code:
Province:		Province:	
Tel. No.:		Tel. No.:	
Business Fax No.:		Cell Phone No.:	
Email Address:		Email Address:	
Building / Office Space (in sqm):		Property Index No.:	

LAND AND BUILDING If Land and Building is rented, please identify the following:

Lessor's Name (First, Middle, Last):	
Lessor's Address:	
House No./Bldg. No.	Subdivision:
Street:	Barangay:
Province:	City/Municipality: Zip Code:
Tel. No.:	Email Address:
Land Monthly Rental:	Building Monthly Rental:

BUSINESS ACTIVITY

Product/Service Handled <input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Service					
Total Employees in Establishment:		Total # of Employees Residing in LGU/Area:			
Category	Line of Business	No. of Units	Capitalization (For New Business)	Gross Sales/Receipts (PhP) (for renewal)	
				Essential	Non-Essential

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
(For corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case of Liaison Officer or any authorized representative, kindly present an authorization letter signed by the identified responsible person of the corporation)

SUBSCRIBED AND SWORN BEFORE ME THIS ____ DAY OF _____, 20____ AT THE CITY/MUNICIPALITY OF _____
 AFFIANT EXHIBITED TO ME HIS/HER RESIDENT CERTIFICATE NO. A _____ ISSUED AT _____ ON _____
 DOCUMENT NO.: _____
 PAGE NO.: _____
 BOOK NO.: _____
 SERIES OF 20 _____

_____ ADMINISTERING OFFICER

COTABATO CITY

LOCATIONAL SKETCH OF BUSINESS ESTABLISHMENT

VERIFICATION OF DOCUMENTS

	Office/Agency	Date Issued	Remarks/Signature	Verified by: BPLO Staff
Locational Clearance	Planning Office/ Zoning	<input type="text"/>		
Sanitary/Health Clearance	City Health Office	<input type="text"/>		
Building Permit	City Engineer's Office	<input type="text"/>		
Fire Safety Clearance	Bureau of Fire Protection	<input type="text"/>		
City Treasurer	City Treasury Office	<input type="text"/>		
Barangay Clearance	Barangay Office	<input type="text"/>		

_____ **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.