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| ANNEX 1 (Page 1 of 2) | | | | | | | | | | | |
| **APPLICATION FORM FOR BUSINESS PERMIT**  TAX YEAR **2017**  MUNICIPALITY OF **SAN ROQUE, NORTHERN SAMAR** | | | | | | | | | | | |
| **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 form (if any) are complete and properly filled out. | | | | | | | | | | | |
| 1. **APPLICANT 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 No.: | | | | | |
| 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 the entity? | | | | | | | | | | | |
| **Name of Tax Payer/Registrant** | | | | | | | | | | | |
| Last Name: | | | | | First Name: | | | | | Middle Name: | |
| Business Name: | | | | | | | | | | | |
| Trade Name/Franchise: | | | | | | | | | | | |
| 1. **OTHER INFORMATION**   **Note: For renewal applications, 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 Establishments: | | | | | | No. of Employees Residing within LGU: | |
| 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 requirements and other deficiencies within 30 days from release of the business permit.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position/Title  CTC NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ISSUED ON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ISSUED AT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

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| ANNEX 1 (Page 2 of 2) Application Form for Business Permit | | | | | | | | | | |
| **II. LGU SECTION (Do not Fill Up This Section)** | | | | | | | | | | |
| 1. **VERIFICATION OF DOCUMENTS** | | | | | | | | | | |
| **Description** | | | **Office/Agency** | | | | **Yes** | | **No** | **Not Needed** |
| Occupancy Permit (For New/Renewal) | | | Office of the Building Official | | | |  | |  |  |
| Barangay Clearance (For Renewal) | | | Barangay | | | |  | |  |  |
| Sanitary Permit/Health Clearance | | | City Health Office | | | |  | |  |  |
| City Environmental Certificate | | | City Environmental and Natural Resources Office | | | |  | |  |  |
| Market Clearance (For Stall Holders) | | | Office of the City Market Administrator | | | |  | |  |  |
| Valid Fire Safety Inspection Certificate | | | Bureau of Fire Protection | | | |  | |  |  |
| Verified by: BPLO  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 1. **ASSESSMENT OF APPLICANT FEES** | | | | | | | | | | |
| Local Taxes | Amount Due | | | | Penalty/Surcharge | Total | | | | |
| Gross Sales 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 | |  | |  | | | |  | | |
| Mechanical Inspection Fee | |  | |  | | | |  | | |
| Plumbing Inspection Fee | |  | |  | | | |  | | |
| Signboard/Billboard Renewal Fee | |  | |  | | | |  | | |
| Storage and Sale of Combustible/Flammable or Explosive Substance | |  | |  | | | |  | | |
| Others | |  | |  | | | |  | | |
| TOTAL FEES for LGU | |  | |  | | | |  | | |
| FIRE SAFETY INSPECTION FEE (10%) | |  | |  | | | |  | | |
| Assessed by: CTO FSIF Assessment Approved by: BFP  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **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*  Certified by:  Customer Relations Officer  FIRE SAFETY INSPECTION  FEE ASSESSMENT:  Time and Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

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