

( ) New

MODE OF PAYMENT

## Republic of the Philippines Province of Batangas

## **CITY OF TANAUAN**

## **BUSINESS PERMITS, LICENSING AND INVESTMENT OFFICE**

Email: bpliotanauancity@yahoo.com.ph Telephone No. (043) 728-9878 loc. 1028-32

## **Application Form for Business Permit**

Taxable Year 20\_\_\_\_\_

( ) Amendments:

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and the same	Talino AT Paninindigan APOLINARIO MABINI LANG TANKEGI MUNNG PLEPA 1864 - 1869

( ) Quarterly ( ) From Partnership to Single ( ) From Corporation to Partnership Date of Application:    Date of Application	(	) Bi-Annually	( ) From Single to Corp	oration ( )	From Corporation to Si	ingle ( ) Transfer of Location
DTI/SEC/CDA date of registration   DTI/SEC/CDA date of registration   Business/Trade Name:   Last Name	(	· · · · · ·	( ) From Partnership to		•	artnership
Business/Trade Name   Last Name	Date of Application	•				
Owner/Taxpayer Name: Last Name   First Name   Address:   Address:	DTI/SEC/CDA Regist	ration No.		DTI/SEC	C/CDA date of registra	ation:
Name of President/Treasurer of Corporation:   Address:   Address	Business/Trade Na	me:				
Name of President/Treasurer of Corporation:   Address:   Address						
Name of President/Treasurer of Corporation:   Address:   Address	Owner/Taxpaver Na	me: Last Name		irst Name		 Middle Name
Business Complete Address   Section   Sectio					<b>:</b>	
Business Complete Address   Section   Sectio	5	-11	Chala Bandala aki		( ) A	
Bidg, No/Unit No. Bidg, Name/Street Bidg, No. Mame/Street Bidge No. Bidg, Name/Street Bidge No. City/Municipality Province  Telephone No. City Municipality Province  Telephone No. City Street Bidge No. Of Employees in Establishment: No. of Employees Residing in the City of Tanauan: Street Street Street Name Street Name: Street Name Street Name: Street Na				•	( ) Associatio	n
Bidgi, Name/Street Barangay City/Municipality Province Telephone No. Email Address Business area (in sq.m) If the place is being rented: ( ) Yes ( ) No Asme: Lessor's Complete Address:  Business ACTIVITY  BUSINESS ACTIVITY  BUSINESS ACTIVITY  BUSINESS ACTIVITY  Capital investment (for new business)  No. of Trucking/Shuttle Services/Vehicles: No. of Spartment Unit: No. of Trucking/Shuttle Services/Vehicles: No. of Spartment Unit: No. of Trucking/Shuttle Services/Vehicles: No. of Spartment Unit: Spartment U		Business Cor	nplete Address:		Owner's Complete Add	dress:
Barangay Citry/Municipality Province Telephone No. Email Address Business area (in sq.m) If the place is being rented: ( ) Yes ( ) No Lessor's Complete Address:  Business ACTIVITY  Business ACTIVITY  Business ACTIVITY    Capital Investment   Gross Sales/Receipts(for Renewal)			-500 N	Hii	600	
City/Municipality Province Telephone No. Email Address Business area (in sq.m) If the place is being rented: Lessor's Name: Lessor's Complete Address:		100	(AV)		1 3	· .
Province Telephone No. Telephone No. Business area (in sq.m) If the place is being rented: ( ) Yes ( ) No Lessor's Complete Address:  Business ACTIVITY  Business ACTIVITY  Business ACTIVITY  Business Code/ Permit No.  Rental:  Business Code/ Permit No.  Business Code/ Permit No.  Rental:  Business Code/ Permit No.  Rental:  Gross Sales/Receipts(for Renewal)  Essential Non-Essential  Total  Computer Shop: No. of Computer Unit:  Gasoline Station: No. of Pumps:  No. of Apartment Unit:  Gasoline Station: No. of Pumps:  No. of Trucking/Shuttle Services/Vehicles:  Others:  Inductang Development of the provisions of the Local Government Code and Ordinance/s Issue under the authority thereof.  If urther undertake to allow any authorized inspectors of the City Government Code and Ordinance/s Issue under the authority thereof.  If urther undertake to allow any authorized inspectors of the City Government Code and Ordinance/s Issue under the authority thereof to any regulatory measures and post inspection requirements and in case of violation or non- compliance thereof it will result in the closure of the business establishment without the need of notice, Executive Order and revocation of my business permit.  VERIFICATION OF DOCUMENTS  VERIFICATION OF DOCUMENTS  Signature over Printed Name of Applicant  VERIFICATION OF DOCUMENTS  Signature over Printed Name of Applicant  VERIFICATION OF DOCUMENTS  Computer Verificate of Annual Inspection Office of the Building Official		1/10				il de la company
Email Address Business area ( in sq.m)  If the place is being rented: ( ) Yes ( ) No  Lessor's Complete Address:  Business ACTIVITY  Business ACTIVITY  Business Code/ Rental:    Capital Investment   Gross Sales/Receipts(for Renewal)		1000			The State of the	
Business area ( in sq.m)	Telephone No.	/130	7.2.50			
If the place is being rented:   Lessor's   Lessor's   Name:   Lessor's   Nature/Line of Business   Nature/L						CE-201
Rental:    Yes	Business area ( in sq.r	n) Total no. of	Employees in Establishment:		No. of Employees Re	siding in the City of Tanauan:
Rental:    Yes	If the place is being	47.11	Last Name First N	lame	Middle Name	Business Code/ Monthly
Lessor's Complete Address:    BUSINESS ACTIVITY			3 4 4 6		5	
BUSINESS ACTIVITY    Capital Investment (for new business)   Essential   Non-Essential	( ) Yes ( ) N					360 (520)
BUSINESS ACTIVITY    Capital Investment (for new business)			omplete		Section 1	(C)
Nature/Line of Business		Address				1000
Nature/Line of Business			RUSINES	S ACTIVITY		
Other pertinent information( as applicable):  No. of Apartment Unit:  Gasoline Station: No . of Pumps:  No. of Trucking/Shuttle Services/Vehicles:  No. of Billiard Table:  Others:  I DECLARE, UNDER THE PENALTIES OF PERJURY, that this application form has been accomplished in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the Local Government Code and Ordinance/s issue under the authority thereof.  I further undertake to allow any authorized inspectors of the City Government to conduct ocular inspection of my establishment to ensure faithful compliance to any regulatory measures and post inspection requirements and in case of violation or non- compliance thereof it will result in the closure of the business establishment without the need of notice, Executive Order and revocation of my business permit.  Signature over Printed Name of Applicant  VERIFICATION OF DOCUMENTS  ENDORSEMENTS OFFICE/AGENCY ISSUED BY: DATE VERIFIED BY:  Brgy. Clearance Barangay  Zoning Clearance Zoning Admin  Environmental Compliance City ENRO/DENR  Certificate of Annual Inspection Office of the Building Official			500,120	<u> </u>	Capital Investment	Gross Sales/Receipts(for Renewa
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Gasoline Station: No . of Pumps: No. of Trucking/Shuttle Services/Vehicles: Others:    Declare, Under The Penalties of Perjury, that this application form has been accomplished in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the Local Government Code and Ordinance/s issue under the authority thereof.   I further undertake to allow any authorized inspectors of the City Government to conduct ocular inspection of my establishment to ensure faithful compliance to any regulatory measures and post inspection requirements and in case of violation or non- compliance thereof it will result in the closure of the business sestablishment without the need of notice, Executive Order and revocation of my business permit.    Signature over Printed Name of Applicant	Other pertinent info	ormation( as ap	oplicable):			2527
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Fire Safety Inspection Clearance   Bureau of Fire	ENDORSEM Brgy. Clearance Zoning Clearance Environmental Com Certificate of Annua	ENTS  pliance	VERIFICATION O OFFICE/AGENCY Barangay Zoning Admin City ENRO/DENR Office of the Building Official	olation or no isiness permit.  Si	n- compliance thereof it gnature over Print ENTS	ed Name of Applicant

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