



Republic of the Philippines  
Province of Batangas  
**CITY OF TANAUAN**  
**BUSINESS PERMITS, LICENSING AND INVESTMENT OFFICE**

Email: bpliotanauacity@yahoo.com.ph  
Telephone No. (043) 728-9878 loc. 1028-32  
**Application Form for Business Permit**  
Taxable Year 20 \_\_\_\_\_



- ( ) New                      **MODE OF PAYMENT**                      ( ) Amendments:  
( ) Renewal                ( ) Annually                      ( ) From Single to Partnership    ( ) From Partnership to Corporation    ( ) Transfer of Ownership  
                                  ( ) Bi-Annually                    ( ) From Single to Corporation    ( ) From Corporation to Single        ( ) Transfer of Location  
                                  ( ) Quarterly                      ( ) From Partnership to Single    ( ) From Corporation to Partnership

Date of Application:		Business Code:	
DTI/SEC/CDA Registration No.		DTI/SEC/CDA date of registration:	
<b>Business/Trade Name:</b>			
_____			
<b>Owner/Taxpayer Name:</b> Last Name		First Name	Middle Name
Name of President/Treasurer of Corporation:		Address:	
Form of Business Organization:    ( ) Single Proprietorship    ( ) Corporation    ( ) Association (Pls. check appropriate space)    ( ) Partnership                ( ) Cooperative			
<b>Business Complete Address:</b>		<b>Owner's Complete Address:</b>	
Bldg. No./Unit No. Bldg. Name/Street			
Barangay			
City/Municipality			
Province			
Telephone No.			
Email Address			
Business area ( in sq.m)	Total no. of Employees in Establishment: _____	No. of Employees Residing in the City of Tanauan: _____	
If the place is being rented: ( ) Yes    ( ) No	Last Name	First Name	Middle Name
	Lessor's Name: _____		
	Lessor's Complete Address: _____		
	Business Code/ Permit No.		Monthly Rental:

<b>BUSINESS ACTIVITY</b>			
Nature/Line of Business	Capital Investment (for new business)	Gross Sales/Receipts(for Renewal)	
		Essential	Non-Essential
<b>Total</b>			

Other pertinent information( as applicable):  
 No. of Apartment Unit: \_\_\_\_\_ Computer Shop: No.of Computer 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**

<b>VERIFICATION OF DOCUMENTS</b>				
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			
Sanitary Permit	City Health Office			
Fire Safety Inspection Clearance	Bureau of Fire			

BFP's Copy

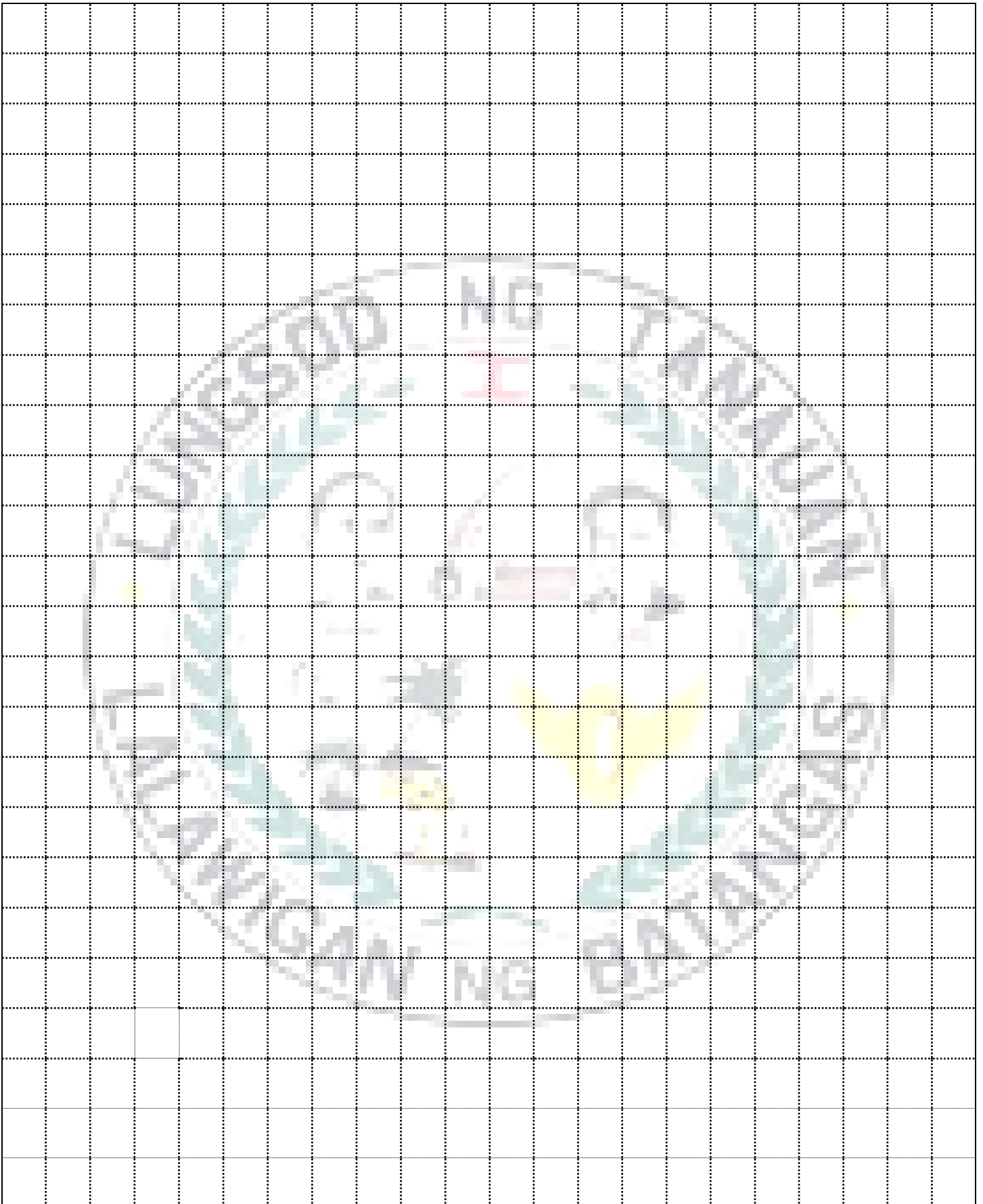
**No.** \_\_\_\_\_  
**CGT-BPL-F07 rev. 04**

Business Names : \_\_\_\_\_

Business Location : \_\_\_\_\_

Owner's Name : \_\_\_\_\_

Owner's Address : \_\_\_\_\_



Sketched by : \_\_\_\_\_

Date : \_\_\_\_\_

Contact No. : \_\_\_\_\_