



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: _____	
Business/Trade Name: _____			
Owner/Taxpayer Name: 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			
Business Complete Address:		Owner's Complete Address:	
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: _____		Business Code/ Permit No. _____
	Lessor's Complete Address: _____		Monthly Rental: _____

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

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

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			
Sanitary Permit	City Health Office			
Fire Safety Inspection Clearance	Bureau of Fire			

Taxpayer's Copy

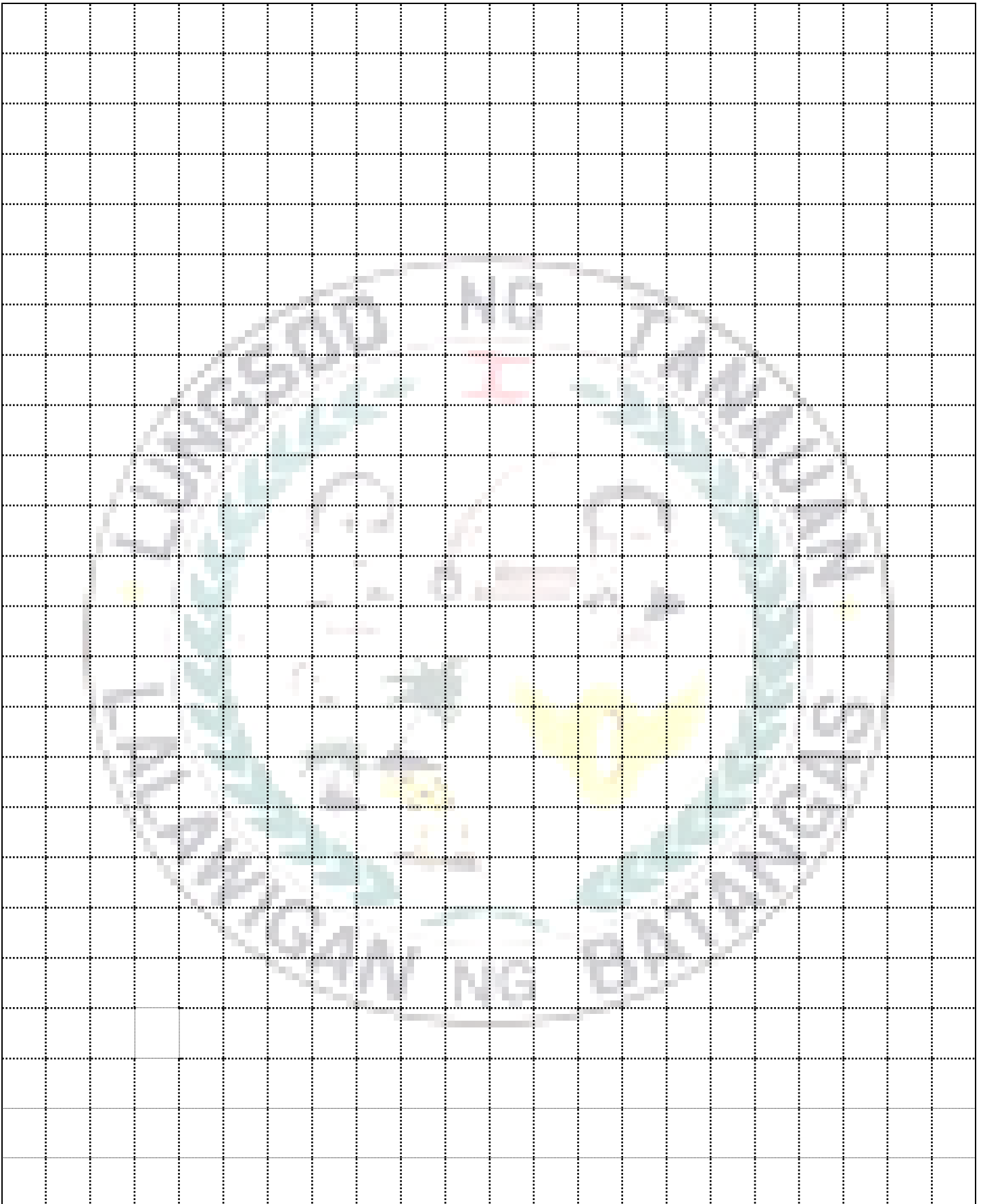
No. _____
CGT-BPL-F07 rev. 04

Business Names : _____

Business Location : _____

Owner's Name : _____

Owner's Address : _____



Sketched by : _____

Date : _____

Contact No. : _____