

APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR \_\_\_\_\_

MUNICIPALITY OF CAMALIG

CAMALIG, ALBAY

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all document attached to this form (if any) are complete and properly filled out.

I. APPLICANT SECTION

1. BASIC INFORMATION

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application:			DTI/SEC/CDA Registration No.:		
TIN No.		CTC No.		DTI/SEC/CDA Date of Registration:	
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment: From	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
To	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
Are you enjoying tax incentives from any Government Entity?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify the entity?

Name of Taxpayer/Registrant		
Last Name:	First Name:	Middle Name:

Business Name:
Trade Name/Franchise:

2. OTHER INFORMATION

Note: for renewal application, 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: Male/Female	No. of Employees Residing w/in LGU:

Note Fill Up Only If Business Place is Rented	
Lessor's Full Name:	
Lessor's Full Address:	
Lessor's Telephone No./Mobile No.:	
Lessor's Email Address:	
Monthly Rental:	

3. BUSINESS ACTIVITY:				
Line of Business	No. of Units	Capitalization (for new Business)	Gross/Sales Receipts (for Renewal)	
			Essential	Non-Essential

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 requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE

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)	Engineering Office			
Brangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	Municipal Health Office			
Mun. Environmental Certificate	Municipal Environmental and Natural Resources Office			
Market Clearance (for Stall)	Office of the Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Verified by: BPLO				
HENRY T. NOBLEZA				
2. ASSESSMENT OF APPLICABLE FEES				
Local Taxes	Amount Due	Penalty/Surcharge	Total	
Gross Sales Tax				
Tax on Delivery Van/ Trucks				
Tax on Storage for Combustible/ Flammable of Explosive Substance				
Tax on Signboard/ Billboard				
REGULATORY FEES AND CHARGES				
Mayor's Permit Fee				
Business Plate/ Sticker				
Sanitary Inspection Fee				
Sanitary Permit Fee				
Garbage Fee				
Medical Certificate Fee				
Police Clearance Fee				
Zoning Clearance				
Annual Inspection Fee				
Others:				
TOTAL FEES for LGU				
FIRE SAFETY INSPECTION FEE (10%)				
O.R No./Date/ Collecting Officer		FSIF Assessment Approved by: BFP		

III. MUNICIPAL 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	
<input type="checkbox"/>	
Certified by: Customer Relations Officer Time and Date Received: _____	FIRE SAFETY INSPECTION FEE ASSESSMENT:  

Importance Notice: As per Section 12 of the implementing Rules and Regulations of the Fire Code of 2008, certain establishment (e.g. building lessor, fire, earthquake, and explosion hazard insurance companies, and vendor 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).

