



APPLICATION FORM FOR BUSINESS PERMIT CITY OF MEYCAUAYAN

DATE OF APPLICATION:

GENERAL INSTRUCTIONS:

1. Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (upper case/capital letter). All required data fields/information should be completely and clearly filled-out by the applicant.
2. Please ensure that all required documents are properly attached and fill out all necessary information. Incomplete submission of application form and/or requirements will be returned to the applicant.

DTI/SEC/CDA Registration No.: _____ TIN NO. : _____

NEW RENEWAL **Mode of Payment** Annually Semi- Annually Quarterly

TYPE OF BUSINESS: Sole Proprietorship Partnership Corporation Cooperative

BUSINESS INFORMATION:

Do you have any changes or amendments in the previous business registration? YES NO

If yes, please check the appropriate box/es (The BPLO shall update the business registration of the applicant/owner).

Ownership Location or Address of Business Nature of Business

AMENDMENT: from Sole Proprietorship Partnership Corporation
to Sole Proprietorship Partnership Corporation

ADDITIONAL: _____ Line of Business

Do you have tax incentive from any Government Entity? Yes (Please attach a copy of your cert.) No

Is your place of business rented? Yes (Please attach your Lease Contract) No

NAME OF TAXPAYER (REGISTRANT): *First Name* *Middle Name* *Last Name*

BUSINESS NAME: _____

TRADE NAME / FRANCHISE: _____

BUSINESS ADDRESS: *No.* *Street* *Barangay*

CONTACT NUMBER/S : **NUMBER OF DELIVERY TRUCK/VAN :**
Mobile Number:

BUSINESS AREA (IN SQ. M.): **MONTHLY RENTAL (FOR LESSEE):**

if the Business Place is rented, please identify the following:

LESSOR'S BUSINESS NAME: _____

NAME OF LESSOR/OWNER: _____

LINE OF BUSINESS (e.g. mfr.,retailer, contractor)	PRODUCTS / SERVICES (e.g. plastic,steel / janitorial)	CAPITAL (FOR NEW)	GROSS SALES (RENEWAL)	NO. OF EMPLOYEES
				MALE : _____
				FEMALE : _____

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 45 days from release of the business permit.

**SIGNATURE OF APPLICANT OVER PRINTED NAME
POSITION/TITLE**

LGU SECTION : VERIFICATION OF DOCUMENTS (The BPLO shall fill-up this section)

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			EVALUATED BY
		YES	NO	NOT REQUIRED	
Occupancy Permit	Engineering Office				
Zoning Clearance	CUPDO				
Fire Safety Inspection Certificate	Bureau of Fire Protection				
Sanitary Permit/Health Clearance	City Health Office				
City Environmental Certificate	CENRO				
Market Clearance (For Stall Holders)	Office of the Market Supervisor				
Veterinary Clearance	City Veterinary Office				

BUSINESS PERMIT REQUIREMENTS

SUBMIT UPON APPLICATION:

FOR NEW	RENEWAL
<input type="checkbox"/> BRGY. BUS. CLEARANCE (orig./photocopy)	<input type="checkbox"/> LATEST BUSINESS PERMIT (original or photocopy)
<input type="checkbox"/> Occupancy Permit (Engg. Office)	<input type="checkbox"/> Latest Official Receipt (original or photocopy)
<input type="checkbox"/> DTI (for single proprietor)	<input type="checkbox"/> BIR 1702Q, 2550Q, 2551Q
<input type="checkbox"/> SEC & By Laws (for corporation)	<input type="checkbox"/> BRGY. BUS. CLEARANCE (original or photocopy)
<input type="checkbox"/> CDA (for Cooperative)	<input type="checkbox"/> FIRE SAFETY INSPECTION CERT.(FSIC)
<input type="checkbox"/> ZONING CLEARANCE (CUPDO)	<input type="checkbox"/> CEDULA
<input type="checkbox"/> PICTURE - FRONTAGE of BUSINESS	<input type="checkbox"/> LEASE CONTRACT (if lessee)
<input type="checkbox"/> CEDULA	<input type="checkbox"/> Occupancy Permit (original or photocopy)
<input type="checkbox"/> LEASE CONTRACT (if lessee)	<input type="checkbox"/> ZONING CLEARANCE (original or photocopy)
<input type="checkbox"/> O.R. of RPTAX latest (if owned)	
<input type="checkbox"/> FIRE SAFETY INSPECTION CERT.(FSIC)	

Note: FOR REPRESENTATIVE, please provide S.P.A. (for single prop.) / Board Resolution as proof of authorization.

CITY 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
Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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Important Notice: As per Rule 12 Section 12.0.0.1 of Implementing Rules and Regulations of the Fire Code of 9514, 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 representative of the Bureau of Fire Protection (BFP).