



APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

CITY OF NAGA, CEBU



Business Acct. No. _____

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents 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"/>	Renew	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.:				DTI/SEC/CDA/Registration No.:						
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 incentive 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 applications, do not fill up this section unless certain information have changed.

BUSINESS ADDRESS		OWNER'S ADDRESS	
Purok Name:		Purok Name:	
Barangay:		Barangay:	
Telephone No./ Mobile No.:		Telephone No./ Mobile No.:	
E-mail Address:		E-mail Address:	

In case of emergency, provide name of contact person: _____

Telephone/Mobile No.: _____

Business Area (in sq. m.): _____	Total No. of Employees in Establishment: Male: _____ Female: _____	No. of Employment Residing within LGU: _____
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Note: Fill Up Only if Business Place is Rented

Lessor's Full Name: _____

Lessor's Full Address: _____

Lessor's Full Telephone/ Mobile No.: _____

Lessor's E-mail 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 requirements 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	Signatures
Occupancy Permit (For New)	Office of the Building Official	
Barangay Clearance (For Renewal)	Barangay Clearance and Purok Clearance	
Sanitary Permit/Health Clearance	City Health Office	
City Environmental Clearance	City Environment and Natural Resources Office	
Zoning Clearance	City Planning & Development Coordinator	
Notice of Assessment and Tax bill/ Certificate of No Property	City Assessors Office	
Veterinary Clearance	City Veterinary Office	
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection	

Verified by: **Atty. Alpha Vit M. Española**
BPLO – Designate

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount Due	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboard/ Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Garbage Charges			
Delivery Trucks/ Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection			
Plumbing Inspection Fee			
Signboard/Billboard Renewal Fee			
Signboard/Billboard Renewal Fee			
Storage and Sale of Combustible/Flammable or Explosive Substance			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (10%)			

Assessed by: CTO _____

FSIF Assessment Approved by: BFP _____

III. CITY FIRE STATION SECTION

DATE: _____

APPLICATION NO.: _____
TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____
 Name if Business: _____
 Total Floor _____
 Area: _____ Contact No.: _____
 Address of Establishment: _____
 Signature of Applicant/Owner _____

Certified by:
Customer Relation Officer
Time and Date Received: _____

**FIRE SAFETY INSPECTION
FEE ASSESSMENT:**

Important Notice: as per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting 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 inspection or in another process to be communicated by representatives of Bureau of Fire Protection (BFP).