



REPUBLIC OF THE PHILIPPINES
CITY OF SAN JOSE DEL MONTE, BULACAN
BUSINESS PERMITS & LICENSING OFFICE

**APPLICATION FOR BUSINESS PERMIT & LICENSE
FOR PARTNERSHIP & CORPORATION**

MODE OF PAYMENT	STATUS	
<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly	<input type="checkbox"/> New <input type="checkbox"/> Renewal	DATE _____ (MM/DD/YY) ACCOUNT NUMBER: _____

Pursuant to provisions of Sec. 3A.01 of the 2003 San Jose del Monte City Revenue Code, City Ordinance C-008, S-12, I have the honor to apply for a Business Permit to operate my business and hereby submits the following:

BUSINESS NAME / TRADE NAME				
TAXPAYER'S NAME <i>(Print Name of Partnership/ Corporation)</i>				
		last name	first name	middle name
PRESIDENT				TREASURER
BUSINESS LOCATION <i>(Indicate exact address)</i>	if within a bldg... specify stall, room, floor number		Street No.	street name
PROPERTY INDEX NO.				Barangay
AUTHORIZED REPRESENTATIVE <i>(Name of Business Firm Official Signatory)</i>				POSITION <i>Official Capacity</i>
HOME ADDRESS OF REPRESENTATIVE	Street No.	Street Name	Barangay	City/Min.
SEC REGISTRATION NUMBER				DATE ISSUED
TAXPAYER'S IDENTIFICATION NUMBER (TIN)				
TELEPHONE NUMBER				FAX NUMBER
IF EMPLOYER, EMPLOYER'S SOCIAL SECURITY NUMBER (SSS)				NO. OF EMPLOYEES
IF BUSINESS ESTABLISHMENT IS RENTED	SINCE WHEN		IS THE BUSINESS USING A SIGN BOARD	[] [] Yes No
	MONTHLY RENTAL		AREA OF SIGNBOARD	
	FROM WHOM		IS THE BUSINESS USING A DELIVERY VAN	
	ADDRESS		MAKE OF VEHICLE	PLATE #
IF YOU HAVE OTHER EXISTING BUSINESS PERMIT / LICENSE	EXISTING KIND OF BUSINESS		MAYOR'S PERMIT NO.	BUSINESS LOCATION
KIND OR NATURE OF BUSINESS/ACTIVITY APPLIED <i>(Indicate if Business is Additional or Principal & Specify Exact Nature)</i>	UNIT <i>(NO./QTY)</i>	AREA <i>(SQ. MTS.)</i>	CAPITALIZATION <i>(for new business)</i>	GROSS SALES/RECEIPTS <i>(for renewal)</i>
			P	
TOTALS			P	

Should the BPLO discovers / finds any falsehood (s) and/or misrepresentation(s) in this application . I/We agree to the immediate cancellation of the business permit & license and or closure of the establishment without notice and hearing and shall not file any case of whatever kind to question the closure establishment and / or withdrawal / cancellation of the permit license. Should I, We violate any of the undertakings and/or commitments, I/We agree to pay a surcharge of twenty-five percent (25%) of the amount due and an interest of two percent (2%) per month of the unpaid taxes including surcharges until such amount is fully paid.

THIS APPLICATION AND/OR BPLO PERMIT/LICENSE DOES NOT EXEMPT APPLICANT/PERMITTEE FROM COMPLYING WITH THE REQUIREMENTS AND OR SECURING THE PERMITS/LICENSES BY OTHER AGENCIES/AUTHORITIES REQUIRED BY EXISTING LAWS/ORDINANCES/RULES AND REGULATIONS AND HEREBY UNDERTAKE TO COMPLY THEREOF

I / We hereby certify that the statements/informations given above are true and correct to my/our knowledge
IN WITNESS WHEREOF, I/WE set my/our hand/s this ____ day of _____, _____ at _____.

DOCUMENTS CHECKED / VERIFIED: (To be filled up by the Personnel)	
REMARKS :	_____ SIGNATURE OVER PRINTED NAME OF APPLICANT(S) SUBSCRIBED AND SWORN to before me this ___day of _____, _____ at _____
Signature over printed name	
ZONING CLASSIFICATION: (To be filled up by Personnel)	ACTION TAKEN/REMARKS:
REMARKS:	_____ CHIEF OF OFFICE BUSINESS PERMIT AND LICENSING OFFICE
VERIFIED BY:	
NOTED:	

LOCATIONAL SKETCH OF BUSINESS ESTABLISHMENT

SUBMITTED BY:

Signature of Applicant

VERIFIED BY:

Inspector / Verifier _____
Date

E N D O R S E M E N T S

REQUIREMENTS	
<input type="checkbox"/>	BARANGAY BUSINESS CLEARANCE
<input type="checkbox"/>	LOCATIONAL CLEARANCE
<input type="checkbox"/>	SANITARY / HEALTH CERT.
<input type="checkbox"/>	ANNUAL ELECTRICAL INSPECTION CERTIFICATE
<input type="checkbox"/>	CERTIFICATE OF NON-COVERAGE
<input type="checkbox"/>	ENVIRONMENTAL COMPLIANCE CERTIFICATE
<input type="checkbox"/>	Fire Safety Inspection Certificate (FSIC)
<input type="checkbox"/>	SEC REGISTRATION
<input type="checkbox"/>	AUTHORIZATION LETTER AND ID (if representative)
<input type="checkbox"/>	CDA (FOR COOPERATIVE)
<input type="checkbox"/>	BIR Returns (Annually,monthly,quarterly)

OFFICE/ AGENCY	DATE ISSUED	AMOUNT TO BE PAID	RECOMMENDATION
Location of Business			
City Planning and Development Office (CPDO)			
City Health Office (CHO)			
City Engineering Office (CEO)			
City Environment and Natural Resources Office (CENRO)			
Provincial Environment and Natural Resources Office (PENRO)			
Bureau of Fire Protection (BFP)			

OTHER REQUIREMENTS (SPECIFY)	
<input type="checkbox"/>	Previous Tax Order of Payment (TOP)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Assessed by _____
Date

I N S T R U C T I O N S

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant
2. The application must be filled by the applicant himself or his duly authorized representative BUT personally signed by the business owner.
if juridical person, a duly notarized representative may file the application
3. FOLLOW-UP AND FIXING by employees of San Jose del Monte City Government is strictly prohibited. Help our City Government provide excellent and transparent public service through the implementation of Anti-Red Tape Act (ARTA)