

APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR 2020
TAGBILARAN CITY



CITY GOVERNMENT OF
TAGBILARAN

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. APPLICATION SECTION

1. BASIC INFORMATION

New Renewal

Mode of Payment: Annually Semi-Annually Quarterly

Date of Application:

DTI/SEC/CDA Registration No.:

TIN No.:

DTI/SEC/CDA Registration No.:

Type of Business: Single Partnership Corporation Cooperative

Amendment: From Single Partnership Corporation
 To Single Partnership Corporation

No. of Employees:
 Male(s): _____ Female(s): _____

Are you enjoying tax incentive from any Government Entity? Yes No Please specify entity? _____

Name of Taxpayer/Registrant

Last Name: _____ First Name: _____ Middle Name: _____ Sex: Male Female

Business Name:

Trade Name / Franchise:

2. OTHER INFORMATION

Business Address:

Postal Code:

Email Address:

Telephone Number:

Mobile Number:

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 in Establishment:

No. of Employees Residing within LGU:

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 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

