



**APPLICATION FORM FOR BUSINESS PERMIT**  
**TAX YEAR \_\_\_\_\_**  
**MUNICIPALITY OF SIERRA BULLONES**

**INSTRUCTIONS:**

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the application.
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"/> Renewal		<b>Mode of Payments:</b> <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 Organization:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
Amendments: <b>From</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
<b>To</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
Are you enjoying tax incentive from any government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity?				
Name of Tax Payer/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 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 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 APPLICATION/TAXPAYER OVER PRINTED NAME**

\_\_\_\_\_  
**POSITION/TITLE**

ANNEX 1 (Page 2of 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	Office of the Building/Official			
Barangay Clearance	Barangay			
Sanitary Permit/Health Clearance	Rural Health Unit			
Zoning Clearance	MPDC			
Market Clearance (for Stall Holders)	Office of the Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
<b>Verified by: BPLO</b> _____				
2. ASSESMENT OF APPLICABLES				
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				
Garbage Charges				
Delivery Truck / Vans Permit Fee				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Zoning Certification Fee				
Plumbing Inspection Fee				
Signboard/Billboard Renewal Fee				
Storage and Sale of Combustible / Flammable or Explosive Substance				
Others				
<b>TOTAL FEES for LGU</b>				
<b>Assessed by: Municipal Treasurer</b> _____		<b>FSIF Assessment Approved by: BFP</b> _____		

**III. CITY/MUNICIPALITY FIRE STATION SECTION**

<b>APPLICATION NO.:</b> _____	<b>DATE:</b> _____		
<b>(TO BE FILLED UP BY APPLICATION/OWNER)</b>			
Name of Application / Owner: _____			
Name of Business: _____			
Total Floor Area: _____	Contact No.: _____		
Address of Establishment: _____			
_____ Signature of Applicant / Owner			
<b>Certified by:</b> Customer Relation Officer Time and Date Received: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <b>FIRE SAFETY INSPECTION FEE ASSESSMENT:</b> </td> <td style="width: 50%;"></td> </tr> </table>	<b>FIRE SAFETY INSPECTION FEE ASSESSMENT:</b>	
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*Important Notice: As per Section 12 of the Implementing Rules and Regulations of the 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 charge 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 the Bureau of Fire Protection (BFP).*