APPLICATION FORM FOR
BUSINESS PERMIT
TAX YEAR _____

BPL UNIFIED FORM

INSTRUCTIONS

1. Provide accurate information and print legibly to avoid delays, Incomplete application form will be returned to the applicant.
2. Ensure all documents attached to this form (if any) are complete and properly filled out.

I. APPLICANT SECTION

1. BASIC INFORMATION

☐ New ☐ Renewal ☐ Additional | MODE OF PAYMENT ☐ Annually ☐ Semi-Annually ☐ Quarterly

Date of Application	DTI/SEC/CDA Registration No.
TIN	DTI/SEC/CDA Registration No.

TYPE OF BUSINESS ☐ Single ☐ Partnership ☐ Corporation ☐ Cooperative | TRANSFER ☐ Ownership ☐ Location

AMENDMENT | FROM | ☐ Single ☐ Partnership ☐ Corporation | TO | ☐ Single ☐ Partnership ☐ Corporation

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

NAME OF TAXPAYER / REGISTRANT

Last Name		First Name		Middle Name	

Business Name	
Trade Name / Franchise	

Sex ☐ Male ☐ Female | Solo Parent ☐ Yes ☐ No | Practice of Profession ☐ Yes ☐ No

Note: For renewal applications, do not fill-up this section unless certain information have changed.

2. OTHER INFORMATION

Business Address			
Postal Code		Email Address	
Telephone Number		Mobile Number	
Owner's Address			
Postal Code		Email Address	
Telephone Number		Mobile Number	
In case of emergency, provide name of contact person			
Telephone / Mobile Number		Email Address	

Business Area (in sq. m.)		Number of Employees in Establishment	Male	Female	Total	No. of Employees Residing within LGU	

Note: Fill Up Only if Business Place is Rented

Lessor's Full Name	Lessor's Full Address	Monthly Rental
Lessor's Contact Number	Lessor's Email Address	

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 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

CHECKLIST OF REQUIREMENTS

RENEWAL

For Individual:
BIR Form 1701Q Q1-Q3 (2016) and 1701 (2015)
2551M (Oct-Dec 2016)
For Corporation/Partnership:
BIR Form 1702Q Q1-Q3 (2016) and 1702 (2015)
For Branches, declaration of Gross Receipts certified by accountant or owner
Barangay Business Clearance
Others (depending upon nature of business)
Sanitary Permit
Fire Safety Inspection Certificate

NEW

SEC for Corp/Partnership/DTI for Single/CDA for Coop
a) Secretary's Certificate/Board Resolution (to establish Naga Branch, the amount of capital to be invested and authorized person to transact and sign)
Location Sketch
Others (depending upon the nature of business)
a)
b)
c)

Clearance/permits
1. Barangay Business Clearance
2. Building Inspection Clearance
3. Fire Safety Inspection Clearance
4. Sanitary Permit

STEPS

1. **Submit**. Secure first application form and fill out all required information. If your business for renewal has been flaged by the Joint Inspection Team (zoning, building, fire safety, and sanitary) with deficiency your name and application number will be called out, if not, updates will be encoded into the system.

   During assessment you will be interviewed and a final biling statement will be generated upon online approval by the city treasurer.

2. **Pay**. All payments will be done inside the city treasurer's office including the *fire safety inspection fee*.

3. **Claim**. All related documents such as Business Plate/ Sticker/Delivery Van Sticker, FSIC, Sanitary Permit and Mayor's Permit will be released at the designated releasing area.

NO COMPLETE REQUIREMENTS, NO MAYOR'S PERMIT.

Checked by: OK for Issuance of MP

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☐ **Temporary** valid until _____

☐ Dec 31, _____

ADDITIONAL REQUIREMENTS FOR REGISTRATION AND FOR ISSUANCE OF MAYOR'S PERMIT

TYPE OF BUSINESS	ADDITIONAL REQUIREMENTS
Branch Office - Corporation	Board Resolution indicating the Capital Investment
Auto Repair Shop, Radio and Other Electronic Shop	DTI Accreditation Certficate
Dealers of Rice and Corn	NFA License
Drugstore	BFAD License
General/Specialty Engr. Contractor	PCAB Contractor's License
Pest Control Services	Pest Control License
Real Estate Broker	DTI Issued Re-Broker License
Recruitment Agency	DOLE Permit (Local) POEA (License)
Firearms & Explosives	Camp Crame License to Operate
Security Agency	Permit to Operate from PNP HQ (Camp Crame)
Telecommunication, Cell Phone Repair Shop	NTC License
Vocational/Technical Schools	TESDA
Pawnshop Foreign Exchange Money Transfer Money Remittance Money Changer	**New** - with condition MP - "Application for Registration with BSP" **Renewal** - 1. Certificate of Registration 2. BSP Clearance on reportorial req. FX, MC, RA
Gasoline Station	Certificate of Compliance - DOE
Educational Institution/School	DepEd Registration Certificate
Lotto	PAGCOR/PCSO Certificate/
Dental Laboratory	Phil. Dental Association Registration Certificate

SUMMARY OF GROSS RECEIPTS _____

Qtr/Month	Gross Receipts
1ST	
2ND	
3RD	
October	
November	
December	

II. LGU SECTION

DO NOT FILL UP THIS SECTION

1. VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/AGENCY	YES	NO	NOT NEEDED
Occupancy Permit (for New)	Office of the Building Official			
Barangay Clearance	Barangay			
Sanitary Permit / Health Clearance	City Health Office			
City Environmental Clearance	City Environment and Natural Resources Office			
Market Clearance (for Stallholders)	Office of the City Market Administrator			
Valid Fire Safety Inspection Clearance	Bureau of Fire Protection			

VERIFIED BY: B P L O

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CLEARANCES

WILFREDO B. PRILLES JR.
City Planning & Development Coordinator

Remarks:
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ENGR. LEON B. PALMIANO IV
City Building Official

Remarks:
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DR. VITO C. BORJA III
City Health Officer

Remarks:
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C/INSP. ALBERTO DE BAGUIO
City Fire Marshal

Remarks:
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Remarks:
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Remarks:
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III. CITY FIRE STATION SECTION

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

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact No.: _____

Address of Establishment: _____

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SIGNATURE OF APPLICANT

CERTIFIED BY:

.....
AUTHORIZED BFP OFFICER

.....
TIME & DATE RECEIVED

Fire Safety Inspection Fee Assessment:	

Important Notice: As per Section 12 of the Implementing Rules and Regulation (IRR) of the Fire Code of 2008, 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 representatives of the Bureau of Fire Protection (BFP).