



APPLICATION FORM FOR BUSINESS PERMIT

BIN

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.

Tax Year _____

1.0 BASIC INFORMATION

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional		Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly		Date of Application:	
Type of Business: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/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			
DTI Registration No.: Date of Registration: Date of Expiry:		Transfer of <input type="checkbox"/> Ownership <input type="checkbox"/> Location			
SEC Registration No.: Date of Registration: Date of Expiry:		Are you enjoying tax incentive from any Government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity: _____			
CDA Registration No.: Date of Registration: Date of Expiry:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Solo Parent <input type="checkbox"/> Yes <input type="checkbox"/> No Practice of Profession <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME OF TAXPAYER (INDIVIDUAL)

Last Name:	First Name:	Middle Name:	Suffix:
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SPOUSE NAME :

CORPORATION/PARTNERSHIP/COOPERATIVE:

Name of Representative: _____ Position: _____

2.0 OTHER INFORMATION

FOR RENEWAL APPLICATIONS, NO NEED TO FILL-UP THIS SECTION UNLESS CERTAIN INFORMATION IN YOUR BUSINESS HAD CHANGED

Business Address:		Contact No.:	Email Address:
Owner's Address/Principal Office Address (for Corporation/Partnership/Cooperative)		Contact No.:	Email Address:
In case of emergency, provide contact name and number:			
Business Area (in sq.m.)	Total No. of Employees: M () F ()	No. of Employees Residing in Naga City:	
Note: Fill up only if business place is rented			
Lessor's Full Name:	Lessor's Complete Address:		Monthly Rental:
Lessor's Contact No.:	Lessor's Email Address:		

3.0 BUSINESS ACTIVITY

Line of Business (PLEASE ENUMERATE)	No. of Units	Capitalization (FOR NEW BUSINESS)	Gross Sales Receipts (FOR RENEWAL)		SUMMARY OF GROSS RECEIPTS	
			Essential	Non-Essential	Qtr/Month	Gross Receipts
					1 st	
					2 nd	
					3 rd	
					Oct	
					Nov	
					Dec	
					Total	

Delivery Van: No. of Units _____ 4-6 Wheel _____ 8-Wheel up _____

Apartment/Boarding House: No. of Units/Boarders _____ **Hospital/Clinic:** No. of Beds _____

Computer Shop: No. of Units _____ **Lessor:** No. of Doors _____

Banks: No. of ATMs _____

Schools: No. of Students _____

I declare under penalty of perjury that the foregoing information are based on my personal knowledge and authentic records. I agree to comply with the regulatory requirements and other deficiencies within 30 days from release of the business permit.

Verified by: _____

Assessed by: _____

Approved by: _____

Signature of Applicant/Taxpayer Over Printed Name

Position/Title

4.0 FOR LGU USE (DO NOT FILL UP THIS SECTION)

Office/Agency	Comply	Non-Comply	Description	Remarks	Signature
WILFREDO B. PRILLES JR. <i>City Planning & Development Coordinator</i>	<input type="checkbox"/>	<input type="checkbox"/>	Zoning Clearance		
ENGR. ALEXANDER N. CANING <i>Acting City Building Official</i>	<input type="checkbox"/>	<input type="checkbox"/>	Building/Occupancy Permit		
DR. VITO C. BORJA III <i>City Health Officer</i>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary/Health Clearance		
F/CINSP PETERPAUL V MENDOZA <i>Acting City Fire Director, Bureau of Fire Protection</i>	<input type="checkbox"/>	<input type="checkbox"/>	Valid Fire Safety Inspection Clearance		
ENGR. ALEXANDER N. CANING <i>City ENR Officer</i>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Clearance		
Others	<input type="checkbox"/>	<input type="checkbox"/>			

CHECKLIST OF REQUIREMENTS

RENEWAL

For Individual:

BIR Form 1701Q ^{Q1-Q3} and 2551M (Oct-Dec)

For Corporation/Partnership:

BIR Form 1702Q ^{Q1-Q3} and 1702

For Branches, declaration of Gross Receipts certified by accountant or owner

Barangay Business Clearance

Sanitary Permit

Others (depending upon nature of business)

Fire Safety Inspection Certificate

NEW

SEC for Corp/Partnership/DTI for Single Prop/CDA for Cooperative

- Secretary's Certificate/Board Resolution (to establish Naga Branch, the amount of capital to be invested and authorized person to transact and sign)
- Article of Incorporation and By-Laws

Location Sketch

Others (depending upon the nature of business)

-
-
-

Clearance/permits

- Barangay Business Clearance
- Zoning Clearance
- Building Inspection Clearance
- Fire Safety Inspection Clearance
- Sanitary Permit
- Others

STEPS

- Submit.** Secure first application form and fill out all required information to verification area. If your business (for renewal) is flagged 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 are encoded into the system.

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

- Pay.** All payments will be done inside the city treasurer's office (payment center).
- 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

- ☐ Temporary valid until _____
- ☐ December 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 Certificate
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	New - with condition MP - "Application for Registration with BSP"
Foreign Exchange	Renewal - 1. Certificate of Registration 2. BSP Clearance on reportorial req. FX, MC, RA
Money Transfer	
Money Remittance	
Money Changer	
Educational Institution/School	DepEd Registration Certificate
Lotto	PAGCOR/PCSO Certificate/
Dental Laboratory	Phil. Dental Association Registration Certificate

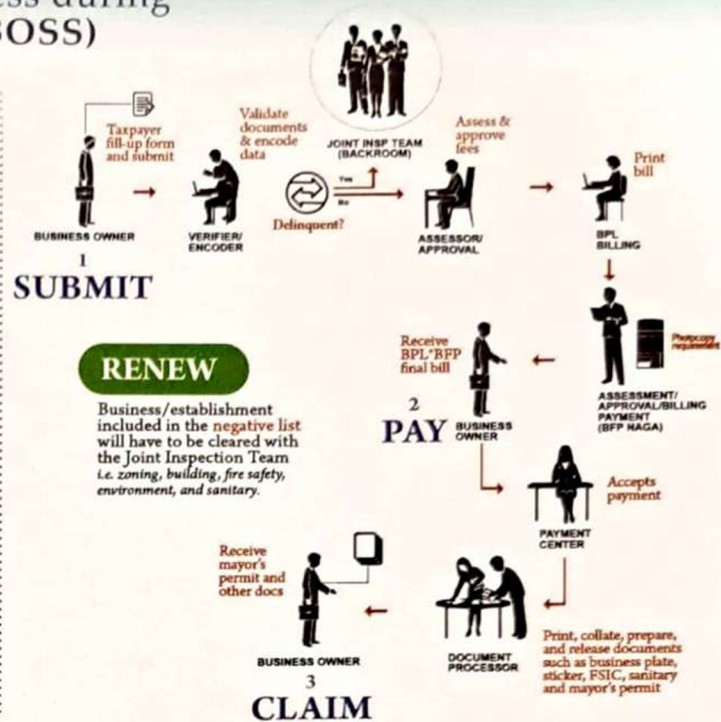
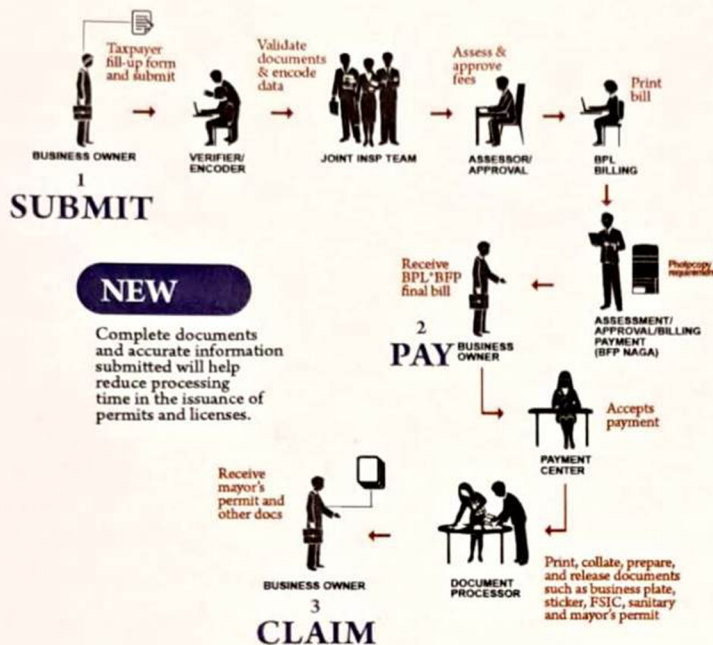


Pay for BPL bill using funds from your ATM account for a more convenient payment.

We are accepting DBP Debit Card or any *BancNet* ATM.

Or pay online via LandBank ePayment Portal at <https://www.lbp-eservices.com/egps/portal/Merchants.jsp> or pay over the counter at LandBank branches nationwide.

Process/steps in registering your business during the annual Business-One-Stop-Shop (BOSS)



Republic of the Philippines
Department of Interior and Local Government
BUREAU OF FIRE PROTECTION
OFFICE OF THE CENTRAL FIRE MARSHAL
NAGA CITY CENTRAL FIRE STATION
J. Miranda St. corner Mayflower St. Naga City
Telephone Nos.: 4738472 - 73 (Globe)



TO BE FILLED UP BY THE APPLICANT/OWNER

Application No.: _____

Date: _____

Name of Applicant/Owner:			Contact No.:
Total Floor Area (sqm):	No. of Employees:	Total # of Floors:	Line of Business:

FIRE SAFETY INSPECTION CERTIFICATE (FSIC)

NEW

- ☐ Photocopy of Billing Statement/Assessment (3 copies)
- ☐ Sketch of Business Location and Contact Number
- ☐ Copy of Fire Insurance (if any)
- ☐ Official Receipt of payment from BFP Naga
- ☐ Tax Declaration (if any)

Type of Occupancy _____

RENEWAL

- ☐ Photocopy of Billing Statement/Assessment (3 copies)
- ☐ Sketch of Business Location and Contact Number
- ☐ Copy of Fire Insurance (if any)
- ☐ Photocopy of Previous Fire Safety Inspection Certificate (1 copy)
- ☐ Official Receipt of payment from BFP Naga
- ☐ Tax Declaration (if any)

Type of Hazard _____

Certified by: _____

Customer's Relation Officer

NOTE: ONLY APPLICATION WITH COMPLETE REQUIREMENT SHALL BE PROCESSED

CLAIM STUB

Application No.: _____

Name of Applicant/Owner: _____

Time and Date: _____

Due for Release: _____

"FIRE SAFETY IS OUR MAIN CONCERN"