

APPLICATION FORM FOR BUSINESS PERMIT

BPL UNIFIED FORM

BIN _____

Instructions:

Tax Year _____

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

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: _____

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 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 the business place is rented

Lessor's Full Name _____ Lessor's Complete Address: _____ Monthly Rental: _____

Lessor's Contact No.: _____ Lessor's Email: _____

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 _____ **No. of CCTV installed:** _____

Schools: No. of Students _____ (if none pls indicate N/A)

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

Office/Agency	Comply	Non-Comply	Description	Remarks	Signature
WILFREDO B. PRILLES JR. City Planning & Development Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Zoning Clearance		
ENGR. ALEXANDER N. CANING Acting City Building Official	<input type="checkbox"/>	<input type="checkbox"/>	Building/Occupancy Permit		
DR. RONALDO T. AMORANTO City Health Officer	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary/Health Clearance		
FCINSP MARC ALLAN C CONSUEGRA City Fire Marshal, Bureau of Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	Valid Fire Safety Inspection Clearance		
ENGR. ALEXANDER N. CANING City ENRO Officer	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Clearance		
Others	<input type="checkbox"/>	<input type="checkbox"/>			

BUSINESS PAYMENT ONLINE STEPS

1. GO TO <https://online.naga.gov.ph>
2. SIGN UP or LOGIN if you already have an account.
3. CLICK Business permit.
4. REGISTER your Business Identification Number (BIN).
5. GO TO Application List and VIEW your Statement of Account.
6. PAY and RECEIVE your Electronic Receipt (eOR).

NOTICE OF PAYMENT OF BUSINESS TAX (Renewal)

1st Quarter - On or before January 20 of the current year.

2nd Quarter - On or before April 20 of the current year.

3rd Quarter - On or before July 20 of the current year.

4th Quarter - On or before October 20 of the current year.

FINES AND PENALTIES

STATUTE	PARTICULARS	PENALTIES
Ordinance 2009-065	No Mayor's Permit/ Non-posting of Mayor's Permit.	First Offense - Php 1,000.00
		Second Offense - Php 2,000.00
		Third Offense - Php 3,000.00 and/or suspension to operate for a period of fifteen days.
		Fourth Offense - Php 5,000.00 and revocation of Business Permit.
	For renewal failure to secure Mayor's Permit not later than January 31, each year.	A fine of 500.00

NO COMPLETE REQUIREMENTS, NO MAYOR'S PERMIT.

Checked by: _____ OK for issuance of MP

Temporary valid until _____

December 31, _____

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.





BUREAU OF FIRE PROTECTION

FSIC

APPLICATION NUMBER

Region V
OFFICE OF THE PROVINCIAL FIRE MARSHAL
NAGA CITY CENTRAL FIRE STATION

J. Miranda Avenue cor Mayflower Street, Concepcion Pequeña, Naga City

CHECK THE BOX OF CERTIFICATE APPLIED FOR

NAME OF OWNER	
BUILDING/FACILITY/STRUCTURE/BUSINESS/ ESTABLISHMENT NAME	
EXACT ADDRESS	
AUTHORIZED REPRESENTATIVE	
TYPE OF OCCUPANCY/ BUSINESS NATURE	
TOTAL FLOOR AREA (M2) :	NO. OF STOREY:
CONTACT NUMBER:	EMAIL ADDRESS:

ATTACHED DOCUMENTARY REQUIREMENTS

FSIC FOR CERTIFICATE OF OCCUPANCY

- ENDORSEMENT FROM OFFICE OF THE BUILDING OFFICIAL (OBO)
- CERTIFICATE OF COMPLETION
- CERTIFIED TRUE COPY OF ASSESSMENT FEE FOR SECURING CERTIFICATE OF OCCUPANCY FROM OBO
- AS-BUILT PLAN (IF NECESSARY)
- ONE (1) SET OF FIRE SAFETY COMPLIANCE AND COMMISSIONING REPORT (FSCCR) (IF NECESSARY)

FSIC FOR BUSINESS PERMIT

FOR NEW BUSINESS

- CERTIFIED TRUE COPY OF VALID CERTIFICATE OF OCCUPANCY
- ASSESSMENT OF BUSINESS PERMIT FEE/ TAX ASSESSMENT BILL FROM BPLO
- AFFIDAVIT OF UNDERTAKING THAT THERE WAS NO SUBSTANTIAL CHANGES MADE ON BUILDING/ESTABLISHMENT
- COPY OF FIRE INSURANCE (IF NECESSARY)

FOR RENEWAL OF BUSINESS

- ASSESSMENT OF THE BUSINESS PERMIT FEE/TAX ASSESSMENT BILL FROM BPLO
- COPY OF FIRE INSURANCE (IF NECESSARY)
- ONE (1) SET OF FIRE SAFETY MAINTENANCE REPORT (FSMR) (IF NECESSARY)
- FIRE SAFETY CLEARANCE FOR WELDING, CUTTING AND OTHER HOT WORK OPERATIONS (IF REQUIRED)

NOTE: Incomplete documentary requirements will be returned to the applicant.

I hereby certify the correctness of the information provided above and the completeness of the attached documents

OWNER/AUTHORIZED REPRESENTATIVE'S SIGNATURE OVER PRINTED NAME

DATE

VERIFIED BY BFP-CRO: _____

DATE/TIME

FSIC MONITORING (TO BE FILLED-UP BY BFP PERSONNEL ONLY)

CRO		FCA		FCCA		C,FSSES		FSI		C,FESES		CFM/ MFM		CRO	
DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

PAALALA: "MAHIGPIT NA IPINAGBABAWAL NG PAMUNUAN NG BUREAU OF FIRE PROTECTION SA MGA KAWANI NITO ANG MAGBENTA O MAGREKOMENDA NG ANUMANG BRAND NG FIRE EXTINGUISHER"

"FIRE SAFETY IS OUR MAIN CONCERN"

BFP-QSF-FSED-002 REV.02 (08.24.20)



BUREAU OF FIRE PROTECTION

FSIC

APPLICATION NUMBER

Region V
OFFICE OF THE PROVINCIAL FIRE MARSHAL
NAGA CITY CENTRAL FIRE STATION

J. Miranda Avenue cor Mayflower Street, Concepcion Pequeña, Naga City

CERTIFIED BY

CLAIM STUB

CUSTOMER RELATION OFFICER

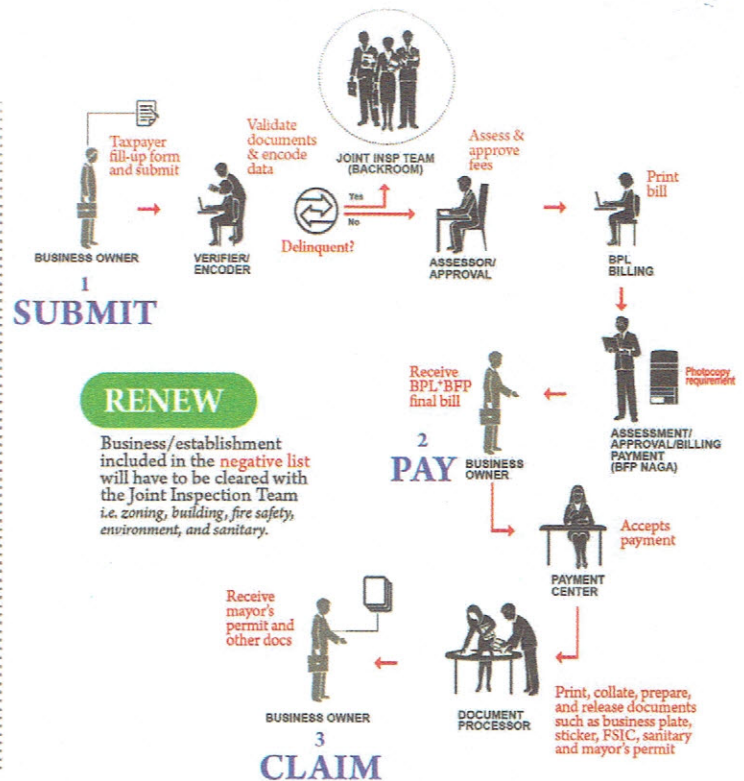
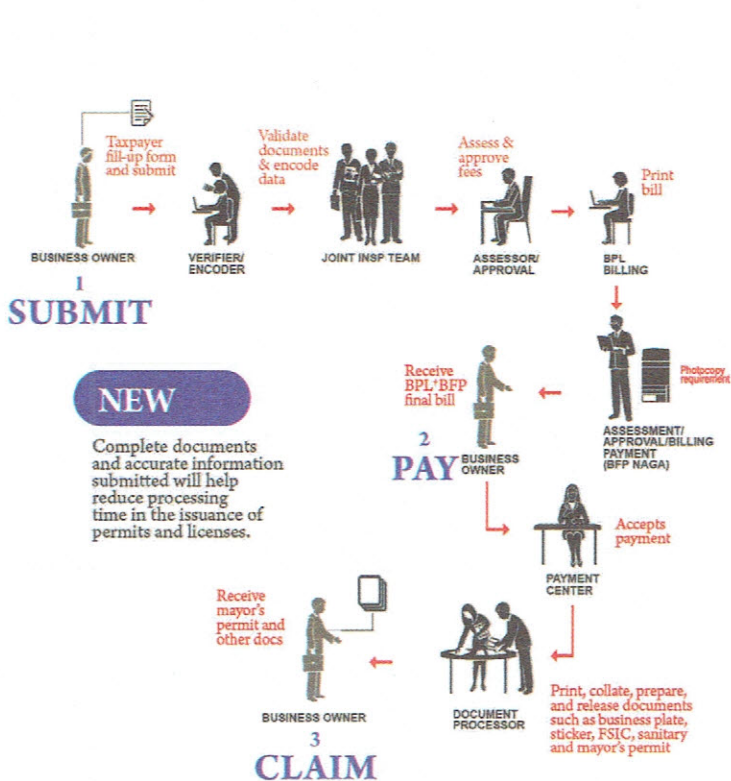
DATE

NOTE: AUTHORIZED REPRESENTATIVE MUST PRESENT AN AUTHORIZATION LETTER AND COPY OF OWNER'S IDENTIFICATION CARD
PAALALA: "MAHIGPIT NA IPINAGBABAWAL NG PAMUNUAN NG BUREAU OF FIRE PROTECTION SA MGA KAWANI NITO ANG MAGBENTA O MAGREKOMENDA NG ANUMANG BRAND NG FIRE EXTINGUISHER"

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BFP-QSF-FSED-002 REV.02 (08.24.20)

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



CHECKLIST OF REQUIREMENTS

RENEWAL

For Individual:

BIR Form 1710Q¹⁻² and 2551M (Oct-Dec)

For Corporation/Partnership:

BIR Form 1710Q¹⁻² 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

a.) Secretary's Certificate/Board Resolution (to establish Naga Branch, the amount of capital to be invested and authorized person to transact and sign)

b.) Article of Incorporation and By-Laws

Location Sketch

Others (depending on the nature of business)

a.)

b.)

c.)

Clearance/permits

1. Barangay Business Clearance

2. Zoning Clearance

3. Building Inspection Clearance

4. Fire Safety Inspection Clearance

5. Sanitary Permit

6. Others

STEPS

1. **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 in the system.

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

2. **Payment.** All payment will be done inside the city treasurer's office (payment center).

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.

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	FDA 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	Cam-Crame License to Operate
Security Agency	Permit to Operate from PNP HQ (Crame)
Telecommunication, Cellphone 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
Educational Institution/School	DepEd Registration Certificate
Lotto	PAGCOR/PCSO certificate
Dental Laboratory	Phil Dental Association Registration Certificate
LPG Dealer/Retailer	DOE License to operate
Animal Facilities, Feeds Establishment, Veterinary Clinic, & Products Outlets	DA - Bureau of Animal Industry Certificate of Registration
Others	