

**Annex I : Application for Business**

**ASSESSMENT**

LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY/SURCHARGE	TOTAL	ASSESSED BY
Gross Sale Tax					
Tax on Delivery Vans/Trucks					
Tax on Storage for combustible/Flammable of explosive substances					
Tax on Signboard/Billboards					
<b>REGULATORY FEES AND CHARGES</b>					
Mayors Permit Fee					
Garbage Fee					
Delivery Trucks/Vans Permit Fee					
Sanitary/Inspection Fee					
Building Inspection Fee					
Electrical Inspection Fee					
Mechanical Inspection Fee					
Plumbing Inspection Fee					
Signboard/Billboard Renewal Fee					
Signboard/Billboard Permit Fee					
Storage and Sale of Combustible/Flammable or Explosive Substances					
Others					

**VERIFICATION DOCUMENTS**

Description	Office/Agency	REF NO.	DATE ISSUED	Verified By BPLO Staff
( ) DTI/CDA/SEC Registration	DTI/CDA/SEC			
( ) Barangay Business Clearance	Barangay			
( ) Zoning Clearance	MPDC			
( ) Sanitary/Health Permit	Municipal Health Office			
( ) Annual Inspection/Occupancy Permit	Engineering Office			
( ) Environmental Briefing	MENRO			
( ) Tax Declaration	Municipal Assessor's Office			
( ) RPT Clearance	Municipal Treasurer's Office			
( ) Fire Safety Inspection Certificate	Bureau of Fire			
( ) Market Clearance	<i>Economic Enterprise (MARKET) For Market Establishments</i>			
( ) BTC Certification	Bauang Tourism Council (BTC)			
	<i>Others applicable requirements pursuant to LOCAL/NATIONAL Laws</i>			
<b>BFAD Certification for Bakery and Drugstore Establishments</b>				
<b>Provincial Tax Clearance for Computer shops, Video Shops, Concrete Products and Sand &amp; Gravel</b>				
<b>DOST/DOH Operation Permit, Chemical Analysis &amp; Bacteriological Test for Water Refilling Establishments</b>				
<b>BAI for Agricultural &amp; Meat Products</b>				

Reviewed by:

Recommending Approval:

**VIOLETA B. ABENOJA**  
Municipal Treasurer

**MARLITA G. BIASON**  
BPLO

Instructions: 1. Provide accurate information and print legibly to avoid delays. Incomplete application form shall be returned to the applicant.  
2. Ensure that all documents attached to this application form are complete.

Bus. Permit No.

O.R. No. & Date

CONTACT NUMBERS (072) LICENSING DIVISION: 682-0143 TREASURY: 607-2911 MPDC: 607-7526 ENGINEERING: 607-7087 MENRO: 705-3893 MHO(RHU): 607-3809 ASSESSOR: 682-2761 PNP: 705-3754 DTI LA UNION: 888-2455

Date Released

**APPLICATION FORM FOR BUSINESS PERMIT**

Municipality of Bauang



Tax Year: \_\_\_\_\_

<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Mode of Payment
<input type="checkbox"/> Renewal	<input type="checkbox"/> From Single to Partnership	<input type="checkbox"/> Annually
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation	<input type="checkbox"/> Bi-Monthly
<input checked="" type="checkbox"/> Transfer	<input type="checkbox"/> From Partnership to Single	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Ownership	<input type="checkbox"/> From Partnership to Corporation	
<input type="checkbox"/> Location	<input type="checkbox"/> From Corporation to Single	
	<input type="checkbox"/> From Corporation to Partnership	

Date of Application	Month	Day	Year	DTI/SEC/CDA Registration No.
Reference No.	DTI/SEC/CDA Date of Registration			
Type of Organization	CTC No.		TIN	
<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? ( ) Yes ( ) No. If YES, please specify the entity \_\_\_\_\_

<b>Name of Taxpayer</b>		
Last Name	First Name	Middle Name
Business Name	<input type="checkbox"/> MALE	AGE <input type="text"/>
	<input type="checkbox"/> FEMALE	
Tradenname/Franchise		
Name of President/Treasurer of Corporation		Telephone No.
Last Name	First Name	Middle Name

Business Address		Owner's Address	
House No./Building No.		House No./Building No.	
Building Name		Building Name	
Unit No.		Unit No.	
Street		Street	
Barangay		Barangay	
Subdivision		Subdivision	
City/Municipality		City/Municipality	
Province		Province	
Tel. No.	CP No.	Tel. No.	CP No.
Email Address		Email Address	
Property Index Number (PIN)			
Business Area (in sq. m.)		Total No. Employees in Establishment	No. of Employees Residing in LGL

If place of Business is Rented, please identify the following: Lessor's Name			Monthly Rental
Last Name	First Name	Middle Name	

<b>Lessor's Address</b>			
House No./Building No.	Subdivision		
Street	City/Municipality		
Barangay	Province		
Telephone No.	Email Address		
In case of Emergency	Contact Person/Tel. No./Mobile Phone No./Email Address:		

Business Activity				Gross Sales/Receipts (for Renewal)	
Classification:				Essential	Non Essential
Code	Line of Business	No. of Units	Capitalization (for New Business)		

**Oath of Undertaking:**

I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of business permit.

SIGNATURE OF APPLICANT OVER PRINTED NAME	Position/Title
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