



INSTRUCTIONS:

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

I. APPLICANT SECTION

Application No : BIN : Business Plate No :

1. INFORMATION

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment: <input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application :		DTI/SEC/CDA Registration Date:		
ACR :		DTI/SEC/CDA Registration No.:		
CTC :		CTC Date:		
TIN No. :		PhilHealth:		
SSS :		Pag-ibig:		
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
Amendment From:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
To:	<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 Taxpayer / Registrant

Last Name:	First Name:	Middle Initial:
Birthdate:	Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Business Name:		
Trade Name/ Franchise:	<input type="checkbox"/> Main	<input type="checkbox"/> Branch

2. OTHER INFORMATION

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

Business Address:	Owner's Address:	
House No./Bldg No.:	House No./Bldg No.:	
Street:	Street:	
Subdivision:	Subdivision:	
Barangay: <input type="text"/> City/Mun: LUBAO	Barangay: <input type="text"/> City/Mun: <input type="text"/>	
Province: PAMPANGA	Province: <input type="text"/>	
Telephone/Mobile No:	Email Address:	
Business Area (in sqm.) <input type="text"/>	Total No. of Employees in Establishment: <input type="text"/>	No. of Employees Residing within LGU: <input type="text"/>

Note: Fill Up Only if Business Place is Rented

Name of Lessor:	Monthly Rental:	
Lessor's Address:		
House No./Bldg No.:	Street:	
Subdivision:	Barangay:	Contact Person:
City/Mun:	Province:	Tel Nos:
Telephone:	Email Address:	Email Address:

3. BUSINESS ACTIVITY

Line of Business	Capitalization (for New Business)	Previous Gross	Gross Sales Receipts (for Renewal)	
			Essential	Non - Essential

Last Payment:

Oath of Undertaking

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, and I am aware that non-compliance within the prescribed period would be sufficient ground for cancellation of my business permit and closure of my business establishments.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE

II. LGU SECTION (Do Not Fill Up This Section)

1. VERIFICATION OF DOCUMENTS

Description	Office/Agency	Yes	No	Not Needed
Barangay Business Clearance	Barangay			
Zoning Clearance	Zoning Admin			
Sanitary Permit/Health Clearance	Municipal Health Office			
Occupancy Permit	Building Official			
Annual Building Inspection Permit	Building Official			
Valid Fire Safety Inspection Certificate	Municipal Fire Department			
Others Please Specify				

Printed and verified by:

 BPLO STAFF

2. ASSESSMENT OF APPLICABLE FEES

***SEE ATTACHED SOA**

Local Taxes	Amount Due	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Storage for Combustible / Flammable or Explosive Substance			
Tax on Signboard / Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Garbage Charges			
Delivery Truck / Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Signboard / Billboard Renewal Fee			
Signboard / Billboard Renewal Fee			
Storage and Sale of Combustible / Flammable or Explosive Substance			
Others - Brgy Clearance			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (10%)			

Assessed By: MTO

FSIF Assessment Approved by: BFP

III. CITY / MUNICIPALITY FIRE STATION SECTION

DATE: _____

Application No.: _____

(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant: _____

Name of Business: _____

Total Floor Area: _____ Contact No. _____

Address of Establishment: _____

Signature of Applicant/Owner

Certified By:



Customer Relations Officer:
Time And Date Recieved: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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Important Notice: As per Section 12 of the Implementing Rules and Regulations 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).