



APPLICATION FORM FOR BUSINESS PERMIT



Tax Year _____

BUSINESS PERMIT AND LICENSE OFFICE CITY GOVERNMENT OF SANTA ROSA

ACCOUNT NO. -

PERMITNO:

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. APPLICATION SECTION

1. BASIC 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
Application No.:	Date:	DTI/SEC/CDA Registration No. :	Date of Registration :		
TIN No :	Place:				
Type of Organization	<input type="checkbox"/> Single	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Association
	<input type="checkbox"/> Foundation	<input type="checkbox"/> PEZA			
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	
Are you enjoying tax incentive from any Government Entity? Pls specify:					Expiration Date:
Taxpayer's Name	Last Name	First Name	Middle Name		
Business Name:					
Trade Name / Franchise					

2. OTHER INFORMATION

Business Address:					
Postal Code:			Email Address:		
Telephone No.: ()			Mobile No.:		
Owner's Address:					
Postal Code:			Email Address:		
Telephone No.: ()			Mobile No.:		
Property Identification Number (PIN):					
In Case of Emergency:		Contact Person:		Email Address:	
		Mobile No.:		Telephone No.: ()	
Business Area (in sqm):		No. of Employees in Establishment:		No. of Employees Residing in LGU:	
		_____ F _____ M			
Note: Fill Up Only If Business Place is Rented					
Lessor's Full Name:					
Lessor's Full Address:					
Lessor's Full Telephone/Mobile No.:					
Lessor's Email Address:					
Monthly Rental:			Date Started:		

3. BUSINESS ACTIVITY

Line of Business	No. of Units	CAPITALIZATION (for New Business)	GROSS SALES / RECEIPTS (for Renewal)	
			Essential	Non-Essential

BUSINESS LINE (Specific Business):

I declare under penalties of perjury that I have complied with the regulatory laws/ordinances governing the maintenance and operation of my business/es and further, the foregoing statements are true and correct, verified by me and to the best of my knowledge and ability, pursuant to the provisions of the City Ordinance No. 1675 - 11 otherwise known as the Revenue Code of the City of Santa Rosa, Laguna as amended, and its implementing rules and regulations.

_____ Signature of Applicant Over Printed Name _____ Position/Title	FOR SINGLE PROPRIETORSHIP: Attach AUTHORIZATION LETTER w/clear photocopy of ID of Authorized Person to transact and the taxpayer/applicant FOR CORPORATION/PARTNERSHIP & OTHERS: AUTHORIZATION LETTER/ Notarized Board Resolution/ Secretary's Certificate authorizing person to transact and clear photocopy of ID of person authorized
Verified By:	Remarks:

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

1. VERIFICATION OF DOCUMENTS (For BPLO Use Only)

DESCRIPTION	OFFICE/AGENCY	YES	NO	NOT NEEDED
3/F Occupancy Permit	City Engineering Office			
Barangay Business Clearance	Barangay			
Bldg B Health Clearance / Sanitary Permit (CHO)	City Health Office			
4/F Environmental Certificate (CENRO)	City Environmental and Natural Resources Office			
G/F Market Clearance (For Stall Holders)	City Treasurer's Office			
Fire Safety Inspection Certificate (BFP)	Bureau of Fire Protection			

Verified by: **BPLO**

2. ASSESSMENT OF APPLICABLE FEES

LOCAL TAXES	AMOUNT DUE	PENALTY / SURCHARGE	TOTAL
Gross Sales Tax (City Tax)			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboard / Billboards			

REGULATORY FEES AND CHARGES

Business Plate Fee			
City Permit Fee			
Environmental Fee (CENRO)			
Delivery Trucks/Vans Permit Fee			
Sanitary Inspection Fee (CHO)			
Health Certificate Fee (CHO)			
Drinking Water Site Clearance (CHO)			
Certificate of Potability (CHO)			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard/Billboard Renewal Fee			
Storage and Sale of Combustible/ Flammable of Explosive Substance			
Zoning Clearance Fee			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (10%)			

Approved By:

OLIVIA M. LAUREL

BPLO Head

FSIF Assessment Approved by: BFP

III. CITY FIRE STATION SECTION

APPLICATION NO.: _____

Date: _____

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact No.: _____

Address of Establishment: _____

Signature of Applicant/Owner

Certified by: _____

Customer Relations Officer _____

Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:

--