

Application Form for Business

TAX YEAR \_\_\_\_\_

**MUNICIPALITY OF ANAO**

<input type="checkbox"/>	New	<input type="checkbox"/>	<b>Amendment:</b>	<input type="checkbox"/>	<b>Mode of Payment</b>
<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-Annually
<input type="checkbox"/>		<input type="checkbox"/>	From Partnership to Single	<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	<b>Transfer:</b>	<input type="checkbox"/>	From Partnership to Corporation		
<input type="checkbox"/>	Ownership	<input type="checkbox"/>	From Corporation to Single		
<input type="checkbox"/>	Location	<input type="checkbox"/>	From Corporation to Partnership		

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Reference No.: \_\_\_\_\_ DTI/SEC/CDA Date of Registration: \_\_\_\_\_

Type of Organization: Single Partnership Corp. Coop. \_\_\_\_\_ CTC No. \_\_\_\_\_ TIN: \_\_\_\_\_

Are you enjoying tax incentive from any Government Entity? { } yes { } no Please specify the entity: \_\_\_\_\_

Name of Taxpayer: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name/Franchise: \_\_\_\_\_

Name of President/Treasurer of Corporation: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Owner's Address** \_\_\_\_\_

House No./Bldg. No. \_\_\_\_\_ House No./Bldg. No. \_\_\_\_\_

Building Name \_\_\_\_\_ Building Name \_\_\_\_\_

Unit No. \_\_\_\_\_ Unit No. \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

Barangay \_\_\_\_\_ Barangay \_\_\_\_\_

Subdivision \_\_\_\_\_ Subdivision \_\_\_\_\_

Municipality \_\_\_\_\_ City/Municipality \_\_\_\_\_ Zip Code: \_\_\_\_\_

Province \_\_\_\_\_ Province \_\_\_\_\_

Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Index Number (PIN) \_\_\_\_\_

Business Area (in sq. m): \_\_\_\_\_ Total No. of Employees of Establishment \_\_\_\_\_ No. of Employees residing in LGU: \_\_\_\_\_

If Place of Business is Rented, please identify the following: Lessor's Name \_\_\_\_\_ Monthly Rental: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M.I. \_\_\_\_\_

**Lessor's Address** \_\_\_\_\_

House No./Bldg. No. \_\_\_\_\_ Subdivision \_\_\_\_\_

Street \_\_\_\_\_ City/Municipality \_\_\_\_\_

Barangay \_\_\_\_\_ Province \_\_\_\_\_

Contact No. \_\_\_\_\_ Email Address: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Contact Person/Tel. No./Mobile Phone No./email address: \_\_\_\_\_

Business Activity		No. of Units	Capitalization (for new business)	Gross Sales / Receipts (for renewal)	
Code	Line of Business			Essential	Non-Essential

*Oath of Undertaking:*  
*I undertake to comply with the regulatory requirements and other deficiencies within 30 days from release of the business permit.*

SIGNATURE OF APPLICANT OVER PRINTED NAME \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

Application Form for Business

Application No.

LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY/ SURCHARGE	TOTAL	ASSESSED BY
Gross Sales Tax					
Tax on Delivery Vans/Trucks					
Tax on Storage for Combustible/Flammable or Explosive Substances					
Fire Safety Inspection Certificate					
<b>REGULATORY FEES AND CHARGES</b>					
Mayor's Permit Fee					
Garbage Charges					
Delivery Trucks/Vans Permit Fee					
Sanitary Inspection Fee					
Health inspection Fee					
Weight and Measures Fee					
Calling/Occupation					
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 OF DOCUMENTS**

Description	Office/Agency	Date Issued	Verified by: (BPLO Staff)
Barangay Clearance	Barangay		
Sanitary/Health Clearance	Health Dept.		
Zoning Clearance	Zoning Admin.		
Occupancy Permit	Bldg. Official		
Fire Safety Inspection Certificate	BFP		
Others:	PNP		

**FERDINAND P. CLARIN**

Assessment Reviewed by:

**CELIA S. IGNACIO**

Approval Recommended by:

*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 application form are complete and properly filled out.

DATE AND TIME RECEIVED:

DATE AND TIME APPROVED:

DATE AND TIME RELEASED: