



APPLICATION FORM FOR BUSINESS PERMIT

Tax Year _____

CITY OF DUMAGUETE

INSTRUCTION:

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
Date of Application:		DTI/SEC/CDA Registration No.:		
T.I.N. No.:		DTI/SEC/CDA Date of Registration:		
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 If yes, please specify the entity:				

Name of Taxpayer / Registrant

Last Name:	First Name:	Middle Name:
Name of Corporation / Partnership:		
Trade Name / Franchise Name:		

2. OTHER INFORMATION

Business Address:	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:
Owner's Home Address:	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:
Business Area (in sq.m.):	
[If Business Place is Rented] Name of Lessor / Building Owner:	
Lessor's Full Address:	
Lessor's Tel. / Mobile No.:	Email Address: Monthly Rental:

3. BUSINESS ACTIVITY

Line of Business	Date of Operation	Total Number of Employees		Capitalization (New Business)
		Male [] / Female []	In Establishment / Residing in LGU	

MONTHLY GROSS SALES / RECEIPTS, PRECEEDING CY 20__

MONTH	WHOLESALEING / RETAILING (Sec. 58(a, b & d)) NON-ESSENTIALS	WHOLESALEING / RETAILING (Sec. 58(a, b & d)) ESSENTIALS	CATERING / REFRESHMENT / RESTAURANT / PAINITAN	CONTRACTORS/ OTHER INDEPENDENT CONTRACTORS/ SERVICES	MANUFACTURING / FINANCIAL INSTITUTIONS / LESSORS / BROKERS / DEVELOPER
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL:					

Prior Years Gross Sales / Receipts:

That the above declaration specifically the total gross sales/receipts declared herein is subject to verification by proper authorities upon demand without objection. I promise to operate only the business(es) granted approval by this application.

The PERMIT issued shall be posted in conspicuous place in the establishment together with all the receipts evidencing payments of taxes, fees and other charges provided for in Section 68(i) of Ordinance No. 125, entitled "The 1997 Omnibus Tax Ordinance of the City of Dumaguete", as amended, otherwise I shall be liable to pay the penalty of P2,000.00.

I promise to surrender the business permit with tax receipts duly assessed by the City Treasurer upon expiration of the period stated therein or upon transfer for any cause, otherwise non-compliance therewith shall subject me to whatever penalties that may be imposed.

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 the release of business permit.

(Signature of Applicant / Taxpayer over Printed Name)

(Position / Title)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____. Affiant exhibiting to me his/her valid Government-Issued I.D. _____.

Location of Business (Sketch):

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

1. VERIFICATION OF DOCUMENTS

Description	Office / Agency	YES	NO	NOT NEEDED
Occupancy Permit / Annual Inspection	Office of the Building Official			
Barangay Clearance	Barangay			
Sanitary Permit / Health Clearance	City Health Office			
City Environmental Certificate	City Environment and Natural Resources Office			
Market Clearance (for Stall Holders)	Office of the City Economic Enterprise Officer			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection (BFP)			

VERIFIED:

BPLO

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount Due	Surcharge / Interest	TOTAL
Gross Sales Tax			
Tax on Delivery Trucks / Vans			
Tax on Signboard / Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Garbage Charges			
Delivery Trucks / Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard / Billboard Renewal Fee			
Other			
TOTAL FEES FOR LGU			
FIRE SAFETY INSPECTION FEE (10%)			

FSIF Assessment Approved:

III. CITY FIRE STATION SECTION

APPLICATION NO.: _____ DATE: _____
(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant / Owner: _____
 Name of Business : _____
 Total Floor Area : _____
 Address of Establishment : _____ Contact No.: _____

(Signature of Applicant Owner)

Certified By: _____
 Customer Relations Officer : _____
 Time and Date Received : _____

FIRE SAFETY INSPECTION
FEE ASSESSMENT: