

APPLICATION FOR BUSINESS PERMIT

TAX YEAR _____

MUNICIPALITY OF TUY

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional <input checked="" type="checkbox"/> Transfer: <input type="checkbox"/> Ownership <input type="checkbox"/> Location	Amendment: <input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Single <input type="checkbox"/> From Corporation to Partnership	Mode Payme <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarter
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Date of Application: _____ DTI/SEC/CDA Registration No.: _____

Reference No.: _____ DTI/SEC/CDA date of registration: _____

Type of Organization: Single Partnership Corporation Cooperative
 TIN: _____

Are you enjoying tax incentive from any Government Entity? () yes () no Please specify the entity: _____

Name of Tax payer: _____ CTC No.: _____ Date Issued: _____

Last Name _____ First Name _____ Middle Name _____

Business Name: _____

Trade name/Franchise: _____

Name of President/Treasurer of corporation: _____

Last Name _____ First Name _____ Middle Name _____

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
City/Municipality	City/Municipality
Province	Province
Tel. No.	Tel. No.
Email Address	Email Address

Property Index Number (PIN): _____

Business Area (in sq m): _____ Total No. of Employees in Establishment: _____ # of Employees Residing in LGU: _____

If Place of Business is Rented, please identify the following : Lessor's Name _____ Monthly Renta _____

Last Name: _____ First Name: _____ Middle Name: _____

Lessor's Address _____

House No./Bldg. No. _____ Subdivision _____

Street _____ City/Municipality _____

Barangay _____ Province _____

Tel. 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

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

SIGNATURE OF APPLICANT OVER PRINTED NAME: _____ POSITION/TITLE _____

Application Form for Business

Application No. _____

ASSESSMENTS:

LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY	TOTAL	ASSESSED BY
Gross Sales Tax					
Tax on delivery vans/trucks					
Tax on storage for combustible/flammable of explosive substance					
Tax on signboard /billboards					
REGULATORY FEES AND CHARGES					
Mayors Permit Fee					
Tax Clearance					
Garbage Charges					
Delivery Trucks/Vans Permit Fee					
Sanitary Inspection Fee					
Health Certificate					
Building Inspection Fee					
Electrical Inspection Fee					
Mechanical Inspection Fee					
Plumbing Inspection Fee					
Storage Fee					
Fire Inspection Fee					
Weight & Measure					
Sticker Certificate					
Occupation Fee					
Business Tax					
Surcharge					
Interest					
Signboard/Billboard Permit Fee					
Storage and Sale of Combustible/ Flammable or Explosive Substance					

VERIFICATION OF DOCUMENTS

Description	Office/Agency	Date Issued	VERIFIED BY:
Barangay Clearance	Barangay		
Zoning Clearance	Zoning Admin.		
Sanitary / Health Clearance	City Health Dept.		
Occupancy Permit	Bldg. Official		
Fire Safety Inspection Certificate	City Fire Dept.		
Others, please specify:			

Assessment reviewed by:

Approval Recommended by:

ELIZABETH U. SALES
ICO-Municipal Treasurer

Municipal Mayor

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.