



APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR 2023
MUNICIPALITY OF ABORLAN

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 fill out.

1. APPLICANT SECTION

1. BASIC INFORMATION

| | | |
|--|--|--|
| New <input type="checkbox"/> Renewal <input type="checkbox"/> | Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly | |
| Date of Application: | DTI/SEC/CDA Registration No. : | |
| TIN No.: | DTI/SEC/CDA Registration No. : | |
| Type of Business : | <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative | |
| Amendments: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity? | | |

Name of Taxpayer / Registrant

| | | |
|-------------------------|-------------|--------------|
| Last Name: | First Name: | Middle Name: |
| SEX: age: | | |
| Business Name: | | |
| Trade name / Franchise: | | |

2. OTHER INFORMATION

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

| | | |
|---|--|---------|
| Business Address: | | |
| Postal Code: | Email Address: | |
| Telephone No.: | Mobile No.: | |
| Owner's Address: | | |
| Postal Code: | Email Address: | |
| Telephone No.: | Mobile No.: | |
| In case of emergency, provide name of contact person: | | |
| Telephone / Mobile No.: | Email Address: | |
| Business Area (in sq. m.) | Total No. of Employees in Establishment: | |
| | Male: | FEMALE: |
| | No. of employees Residing within LGU: | |

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: |

3. BUSINESS ACTIVITY

| Line of Business | No. of Units | Capitalization (for New Business) | Gross/Sales Receipts (for Renewal) | |
|------------------|--------------|--------------------------------------|------------------------------------|---------------|
| | | | Essential | Non-Essential |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 requirements and other deficiencies **within 30 days** from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

| | | | | |
|---|---------------------------------|---|-------|------------|
| II. LGU SECTION (Do Not Fill Up This Section) | | | | |
| 1. VERIFICATION OF DOCUMENTS | | | | |
| Description | Office/Agency | Yes | No | Not Needed |
| Occupancy Permit (For New) | Office of Building Official | | | |
| Barangay Clearance (For Renewal) | Barangay | | | |
| Contract of Lease (if Leasee) | Office of the Market Enterprise | | | |
| Verified by: | | | | |
| NIDA M. LOZANO | | | | |
| Signature Over Printed Name | | | | |
| 2. ASSESSMENT OF APPLICABLE FEES | | | | |
| Local Taxes | Amount Due | Penalty/Surcharge | Total | |
| 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 | | | | |
| 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 | | | | |
| Signboard/Billboard Renewal Fee | | | | |
| Storage and sale of Combustible | | | | |
| Flammable or Explosive Substances | | | | |
| Others | | | | |
| TOTAL FEES for LGU | | | | |
| FIRE SAFETY INSPECTION FEE (10%) | | | | |
| Assessed by: CTO _____ | | FSIF assessment Approved by: BFP _____ | | |

III. CITY/MUNICIPALITY FIRE STATION SECTION

| | | | |
|---|--|---|--|
| APPLICATION NO.: _____ (TO BE FILLED UP BY APPLICATION/OWNER) Name of Applicant/Owner: _____ Name of Business: _____ Total Floor Area: _____ Contact No.: _____ Address of Establishment: _____ _____ Signature of Applicant/Owner | DATE: _____ | | |
| Certified By: _____ Customer Relations Officer Time and Date Received: _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> FIRE SAFETY INSPECTION FEE ASSESSMENT: </td> <td style="width:50%;"></td> </tr> </table> | FIRE SAFETY INSPECTION FEE ASSESSMENT: | |
| FIRE SAFETY INSPECTION FEE ASSESSMENT: | | | |

Important Notices: 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 firefighting 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 inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).

