



MUNICIPALITY OF PASACAO



SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

PUSITION / TITLE

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. APPLICANT SECTION 1. BASIC INFORMATION Renewal New DTI/SEC/CDA Registration No.: Date of Application: DTI/SEC/CDA date of registration: TIN No.: Cooperative Corporation Partnership Single Type of Business: Cooperative Corporation Partnership Amendment: From Single Cooperative Corporation Partnership Single To () yes () no Please specify the entity: Are you enjoying tax incentive from any Government Entity? Name of Tax payer / Registrant Middle Name First Name Last Name **Business Name:** Trade name/Franchise: 2. OTHER INFORMATION Note: For renewal application, do not fill up this section unless certain information have changed. **Business Address:** Email Address: Postal Code: Mobile No.: Telephone No.: Owner's Address: Email Address: Postal Code: Mobile No.: Telephone No.: In case of emergency, provide name of contact person: Email Address: Telephone / Mobile No.: # of Employees Residing in LGU: Total No. of Employees in Establishment: Business Area (in sq 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: 3. BUSINESS ACTIVITY Gross Sales / Receipts (for renewal) Capitalization (for Non-essential No. Of Units new business) Essential Line of Business I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and aunthentic records. Furtber, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

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II. LGU SECTION (Do Not Fill Up This	s Section)	No. 2023		
Description	Office/Agency			

Description	Office/Agency	Yes	No	No	t Needed
Occupancy (For New)	Office of the Bldg. Official				
Barangay Clearance	Barangay				
Sanitary / Health Clearance	Municipal Health Office				
	MENRO				
	Office the Market Adm./Supervisor				
	Bureau of Fire Protection				
		Verified	y: BPLO)	
2. ASSESSMENTS OF APPLICABLE FEE	S				
LOCAL TAXES	AMOUNT DUE		PENA	LTY/SURCHARG	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					
Mayors Permit Fee					
Sanitary Inspection Fee					
ire Inspection Fee					
Calling Fee					
Zoning Certificate Fee					
Sarbage Collection Fee					
Weght and Measure Fee					
P.D. 1096/Building Permit Fee					
Tax Clearance					
Business Plate / Sticker			1		
Others:					
TOTAL FEES FOR	LGU				
FIRE SAFETY INSPECTION FEE (1			1		
Assessed by: MTO/ CTO			-1	FSIF Assessment	Approved by: BFP
III. CITY/MUNICIPALITY FIRE STATION	SECTION				
APPLICATION NO.:				DATE	
(TO BE FILLED UP BY APPLICANT/OWNE					
Name of Applicant/Owner:					_
Name of Business:		N1 -			_
DIAL FIOOF Area:	Contact				
Total Floor Area:Address of Establishment:					
Address of Establishment :					
Address of Establishment :Signature of Applica					
Address of Establishment :				AFETY INSPECTION	