



Republic of the Philippines
Office of the City Mayor
Permits and Licensing Division
 City of Bacolod
Application Form for Business Permit
 Year _____

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.

I. APPLICATION SECTION**1. BASIC INFORMATION**

Business Status	Type of Business	Mode of Payment
<input type="checkbox"/> New	<input type="checkbox"/> Single	<input type="checkbox"/> Annually
<input type="checkbox"/> Renewal	<input type="checkbox"/> Partnership	<input type="checkbox"/> Bi-Annually
<input type="checkbox"/> Additional	<input type="checkbox"/> Corporation. / Assn.	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Cooperative	

Date of Application: _____ **DTI/SEC/CDA Registration No.:** _____

Application No.: _____ **DTI/SEC/CDA Date of Registration:** _____

Amendment: **From** Single Partnership Corporation
To Single Partnership Corporation

Are you enjoying tax incentive from any Government Entity? Yes No Please specify _____

Name of Taxpayer/Registrant

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

Business Name: _____

Trade name/Franchise: _____

2. OTHER INFORMATION

Note: **For renewal applications**, 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: _____ Total 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.: _____

Monthly rental: _____

3. BUSINESS ACTIVITY

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

I declare under the penalties 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 release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE