



Republic of the Philippines
 OFFICE OF THE CITY MAYOR
BACOLOD BUSINESS DEV'T. AND INVESTMENT PROMOTION CENTER
Bacolod City
 Telephone No. (034) 213-9332

APPLICATION FOR AVAILMENT OF INCENTIVES UNDER CITY ORDINANCE NO. 323

Date: _____

1. Applicant

a. Owner / Manager / President Gender Male Female

Surname	Given Name	M.I.	Age
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b. Business Firm / Company Existing New

Name	Address	Tel. No.
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Plant Site / Location	Plant Tel. No.
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c. Check: Main Office / Plant Branch Only

2. Form of Ownership

Single Proprietorship Partnership
 Corporation Others, please specify _____

Registration of Appropriate Government Agency

Name of Agency	Certificate Number
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3. Capitalization / Total Assets _____

4. Year Established _____

5. Nature of Business

Manufacturing Partnership
 Wholesale Others, please specify _____

6. Principal Product/s Handled , Processed , Produced ; and/or Services Rendered

7. Number of Employees _____

8. Target Date of Operation _____

For Partnership Only

Name of Partners	Nationality	Residence	Capital
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Corporation Only

Name of Incorporators	Nationality	Council of Residence	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Paid Up _____

I hereby certify that foregoing statements are true to the best of my knowledge and belief.

Applicant's / Authorized
Representative's Signature

REPUBLIC OF THE PHILLIPINES)
City of Bacolod) S. S.
x.....x

SUBSCRIBED AND SWORN TO BEFORE ME this _____ of _____ affiant
exhibited to me his/her Community Tax Certificate No. _____ issued at
_____ on _____.

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of 2012

PROJECT REPORT (FEASIBILITY STUDY)

I. General Information

Business Name : _____
Owner / Registrant : _____
Business Location : _____
Telephone Number : _____
Form of Ownership : _____
Capitalization / Total Assets : _____
Nature of Business : _____

II. Marketing Aspect

Product Description

Prospective Market

Marketing Channels

Supply and Demand

Projected Volumes of Sales

Proposed Selling Price

Marketing Strategies

(use separate sheet if necessary)

III. Technical and Production Aspect

Project Site / Description

Raw Materials, Supplies , and Sources

Operation and Processes

Machineries and Equipments

Production Schedule

(use separate sheet if necessary)

IV. Organizational Aspect

Pre-operating Aspect

Type of Organization

Organizational Structure

(use separate sheet if necessary)

Duties and Responsibilities

Manpower Requirements

(use separate sheet if necessary)

V. Financial Aspect

Total Project Cost

Sources of Funds

Projected Income Statements for 5 Years

Projected Cash Flow Statements for 5 Years

Projected Balance Sheets for 5 Years

(use separate sheet if necessary)

VI. Socio-Economic Aspect

Benefits to the Locality

(use separate sheet if necessary)

VII. Environment Aspect

Impact

(use separate sheet if necessary)