

Applicant Form for Business Permit
TAX YEAR 20_____
Municipality of Oton

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. APPLICANT SECTION**1. BASIC INFORMATION**

<input type="checkbox"/> New <input type="checkbox"/> Renewal		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 Date of Registration No:		
Type of Business: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative				
Amendment: 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 incentives 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:
Business Name:				
Trade Name/Franchise:				

II. 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:		No. of Employees Residing within LGU:

Note: Fill Up Only if Business Place is Rented (Right over use of land)

Lessor's Full Name:				
Lessor's Full Address:				
Lessor's Full Telephone/Mobile No.:				
Lessor's Full Email Address:				
Monthly Rental:				

III. Business Activity

Line of Business	No. of Units	Capitalization (for New Business)	Gross sales / Receipt (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 requirement and other deficiencies within 30 days from the business permit.

SIGNATURE OF APPLICANT / TAXPAYER OVER PRINTED NAME

POSITION / TITLE

Application form for Business Permit

II. LGU SECTION (Do Not Fill Up This Section)

1. VERIFICATION OF DOCUMENTS

Description	Office / Agency	Date Issued	Remarks
Occupancy Permit / Locational Clearance	EO / MPDO		
Barangay Clearance (For Renewal)	Barangay		
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection		
Business Registration	DTI / SEC / CDA		
Lease of Contract (if Lessee)			
Others (Registration and/or Permits from National Agencies)			

Verified by: _____

Noted by:

ROEL BURGOS
Admin. Officer II / BPLO

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 Signboards / Billboards			

REGULATORY FEES AND CHARGES

Mayor's Permit Fee			
Garbage Charges			
Delivery Truck / Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboards / Billboards Renewal Fee			
Storage and Sale of Combustible / Flammable or Explosive Substances			
Others :			
TOTAL FEES FOR LGU			
FIRE SAFETY INSPECTION FEE (10%)			

Assessed by: MTO _____

FSIC Assessment Approved by: BFP _____

3. MUNICIPAL FIRE STATION SECTION

APPLICATION NO: _____
(TO BE FILLED UP BY APPLICANT / OWNER)

DATE: _____

Name of Applicant / Owner : _____

Name of Business: _____

Total Floor Area: _____ Contact No. : _____

Address of Establishment: _____

Signature of Applicant / Owner

Certified by:

Customer Relations Officer

Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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Important Notice: As per Section 12 of the Implementing Rules and Regulation of Fire Code 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of fire fighting 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 inspections or in another process to be communicated by the representatives of the Bureau of Fire Protection (BFP).