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| APPLICATION FORM FOR BUSINESS PERMIT TAX YEAR _____ MUNICIPALITY OF DUERO | | | <div><div>LOCAL GOVERNMENT UNIT OF DUERO</div></div> | |
| 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 | | | | |
| <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 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 | | No. of Employees: Male(s): _____ Female(s): _____ | | |
| Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify entity? _____ | | | | |
| Name of Taxpayer/Registrant | | | | |
| Last Name: | | First Name: | | Middle Name: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 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 Number: | | Mobile Number: | | |
| 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 | | | | |
| 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 |
| | | | | |
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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 release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE

I. 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 the Municipal Engineer (ME) | | | |
| Barangay Clearance (For Renewal) | Barangay/PNP | | | |
| Sanitary Permit/Health Clearance | Rural Health Unit (RHU) | | | |
| Municipal Environment Certificate | Office of the Municipal Planning and Development Coordinator (MPDC) | | | |
| Market Clearance (For Stall Holders) | Office of the Market Administrator | | | |
| Valid Fire Safety Inspection Certificate | Bureau of Fire (BFP) | | | |

Verified by: 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 or Explosive Substance | | | |
| Tax on Signboard / Billboard | | | |

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 | | | |
| Storage and Sale of Combustible / Flammable or Explosive Substance | | | |
| Others | | | |
| TOTAL FEES for LGU | | | |

FIRE SAFETY INSPECTION FEE (10%)

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Assessed by:

FSIF Assessment Approved by: BFP

JUDITHA F. TINAMPAY

Municipal Treasurer

II. CITY / MUNICIPALITY FIRE STATION SECTION

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

DATE: _____

Name of Applicant / Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact No.: _____

Address of Establishment: _____

Signature of Application / Owner

Certified by:

Customer Relations Officer

Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:

Important Notice: As per Section 12 of the Implementing Rules and Regulation 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 the inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP)