



# UNIFIED BUSINESS PERMIT APPLICATION FORM

NEW                       AMENDMENT  
 RENEWAL               SHORT TERM/SPECIAL PERMIT

**CLEARANCE FOR:** \_\_\_\_\_  
**FISCAL YEAR:** \_\_\_\_\_

**To be filled-up by BPLO:**  
 Date of Receipt: \_\_\_\_\_  
 Tracking Number: \_\_\_\_\_  
 Business ID Number: \_\_\_\_\_  
 Philippine Standard Industrial Code: \_\_\_\_\_

**GENERAL INSTRUCTIONS:**

- Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (UPPER CASE/CAPITAL LETTER). All required data fields/information should be completely and clearly filled-out by the applicant.
- Please ensure that ALL required documents are properly attached and fill out ALL necessary information. Incomplete data on application form and/or requirements will be returned to the applicant / will not be processed.

**A. BASIC DOCUMENTARY REQUIREMENTS**

Proof of Business Registration (DTI for Sole Proprietorship/SEC for Corporations and Partnerships/CDA for Cooperatives)  
 Locational Clearance (when applicable)  
 Contract of Lease (if leased) or Tax Declaration (if owned)  
 Occupancy Permit (when applicable)  
 Sketch and photos of location of business (when applicable)

**B. BUSINESS INFORMATION AND REGISTRATION**

Please choose one:     Sole Proprietorship     Partnership     Corporation     Cooperative

**DTI / SEC / CDA Registration Number:** \_\_\_\_\_ **Tax Identification Number (TIN):** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Trade Name / Franchise (If applicable):** \_\_\_\_\_

**Main Office Address:** House/Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
 City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

|   |         |            |             |        |
|---|---------|------------|-------------|--------|
| <b>(For Sole Proprietorship)</b><br><b>Name of Owner:</b> | Surname | Given Name | Middle Name | Suffix |
|   |         |            |             |        |

|  |         |            |             |        |
|--|---------|------------|-------------|--------|
| <b>(For Corporations/ Cooperatives/ Partnerships)</b><br><b>Name of President / Officer in Charge:</b> | Surname | Given Name | Middle Name | Suffix |
|  |         |            |             |        |

Sex:  Male  Female                      For Corporation:    Filipino \_\_\_\_\_    Foreign \_\_\_\_\_

**C. BUSINESS OPERATION**

**Business Area (in sq. m.):** \_\_\_\_\_ **Time of Operation:** \_\_\_\_\_ **Total No. of Employees in Establishment:** \_\_\_\_\_ **No. of Employees Residing in Duero:** \_\_\_\_\_ **No. of Delivery Vehicles (If applicable):** \_\_\_\_\_ Van/Truck \_\_\_\_\_ Motorcycle

**Total Floor Area (in sq.m.):** \_\_\_\_\_

**Business Location Address:** House/Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
 City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Owned?**  Yes  No, If Yes, **Tax Declaration No.** \_\_\_\_\_ or **Property Identification No.** \_\_\_\_\_

**Total Capital Investment (Paid up Capital + Lease Expenses + Equipments):** \_\_\_\_\_

**Do you have tax incentives from any Government Entity?**     Yes (Please attach a copy of your certificate)     No

**Business Activity (Please check one):**     Main Office     Branch     Admin Office Only

| Line of Business | Products / Services | Equipment (If applicable) |             |      |
|------------------|---------------------|---------------------------|-------------|------|
|                  |                     | No. of Units              | Description | Size |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |
|                  |                     |                           |             |      |

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the Quezon City Government. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME**

\_\_\_\_\_  
**DESIGNATION / POSITION**

**I. Appropriate Department shall fill-up this section**

**1. VERIFICATION OF DOCUMENTS**

| DESCRIPTION   | OFFICE/AGENCY   | COMPLIANCE |   |    | Remarks | Evaluated by |
|---|---|------------|---|----|---------|--------------|
|   |   | Y          | N | NR |         |              |
| Zoning Clearance<br><input type="checkbox"/> SUP (When Applicable)  | Office of the Municipal Planning & Development Coordinator (MPDC) |            |   |    |         |              |
| <input type="checkbox"/> Occupancy Permit<br><input type="checkbox"/> Mechanical<br><input type="checkbox"/> Electrical | Office of the Municipal Engineer (MEO)                            |            |   |    |         |              |
| Validation of the Proof of Ownership or Authority to Use  | Office of the Municipal Assessor (MASSO)                          |            |   |    |         |              |
| Sanitary Permit/Health Clearance  | Municipal Health Office (MHO)                                     |            |   |    |         |              |
| Municipal Environmental Certificate   | Office of the Municipal Planning & Development Coordinator (MPDC) |            |   |    |         |              |
| Market Clearance (For Stall Holders)<br><input type="checkbox"/> Franchise To Operate (When Applicable)                 | Office of the Municipal Market Administrator                      |            |   |    |         |              |
| Barangay Clearance/Police Clearance   | Barangay/PNP  |            |   |    |         |              |
| <input type="checkbox"/> (New) O.R. BIR Registration<br><input type="checkbox"/> (Renewal) O.R. Annual Registration Fee | Bureau of Internal Revenue  |            |   |    |         |              |
| Valid Fire Safety Inspection Certificate  | Bureau of Fire Protection   |            |   |    |         |              |

\* **NR** – Not Required

Verified by:

MARCELY G. MACAS  
BPLO

Approved by:

RITCHEL G. LADARAN  
Acting Municipal Treasurer

**II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)**

**TRACKING NO.:**

**DATE:**

**(TO BE FILLED UP BY APPLICANT/OWNER)**

**Name of Applicant/Owner:**

**Name of Business:**

**Total Floor Area:**

**Contact No.:**

**Address of Establishment:**

**Signature of Applicant/Owner**

**Certified by:**

**Time and Date Received:**

**FIRE SAFETY INSPECTION  
FEE ASSESSMENT:**

*Important Notice: As per Section 12 of the Implementing Rules and Regulations 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 additional charges shall be collected during inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).*