



## Application Form for Business Permit

Tax Year: \_\_\_\_\_

**Municipality of Balaoan**  
**Province of La Union**

App. #: \_\_\_\_\_

OR#: \_\_\_\_\_

Date Paid: \_\_\_\_\_

### 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

New  Renewal      Mode of Payment     Annually     Semi-Annually     Quarterly

Date of Application: \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

TIN No.: \_\_\_\_\_ DTI/SEC/CDA Date of Registration: \_\_\_\_\_

|                   |                                 |                                      |                                      |                                      |
|-------------------|---------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 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 income from any Government Entity?     Yes     No. Please specify the entity?

#### 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: _____ | 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<br>(for New Business) | Gross/Sales Receipts (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 release of the business permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

\_\_\_\_\_  
POSITION/TITLE

**ANNEX 1 (Page 2 of 2) Application Form for Business Permit**

**II. LGU SECTION (Do not Fill Up This Section)**

**1. VERIFICATION OF DOCUMENTS**

| Description                              | Office/Agency                                 | Yes | Not Needed |
|--|---|-----|------------|
| Occupancy Permit (For New)               | Engineering's Office                          |     |            |
| Barangay Clearance                       | Barangay                                      |     |            |
| Sanitary Permit/Health Clearance         | Municipal Health Office                       |     |            |
| City Environmental Certificate           | City Environment and Natural Resources Office |     |            |
| Market Clearance (For Stall Holders)     | Office of the City Market Administrator       |     |            |
| Valid Fire Safety Inspection Certificate | Bureau of Fire Protection                     |     |            |

Verified by: **BPLO**

**2. ASSESSMENT OF APPLICABLE FEES**

| Local Taxes  | Amount Due | Total |
|--|------------|-------|
| Gross Sales tax  |            |       |
| Tax on Delivery vans / Trucks                                    |            |       |
| Tax on Storage for Combustible/ Flammable or Explosive Substance |            |       |

**REGULATORY FEES AND CHARGES**

|   |  |  |
|---|--|--|
| Mayor's Permit Fee  |  |  |
| Garbage Charges   |  |  |
| Delivery Trucks/Vans Permit Fee                                   |  |  |
| Sanitary Inspection Fee   |  |  |
| Inspection Fee  |  |  |
| Signboard/Billboard Fee   |  |  |
| Business Plate/Sticker  |  |  |
| Weight/Measure  |  |  |
| Occupational Fee  |  |  |
| Zoning Fee  |  |  |
| Storage and Sale of Combustible/ Flammable or Explosive Substance |  |  |
| Others  |  |  |
| Penalty/Surcharge   |  |  |
| <b>Total Fees for LGU</b>   |  |  |

**FIRE SAFETY INSPECTION FEE (10%)**

Assessed by: **MTO**

FSIF Assessment Approved by: **BFP**

**III. City/Municipality Fire Station Section**

APPLICATION 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:  
Customer Relations Officer

Time and Date Received: \_\_\_\_\_

|   |  |
|---|--|
| FIRE SAFETY INSPECTION<br>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 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 representatives of the Bureau of Fire Protection (BFP).*