

**APPLICATION FOR BUSINESS PERMIT**

TAX YEAR \_\_\_\_\_

CITY OF IMUS

**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:				
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 incentive 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:					

**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 No./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

***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

**II. 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 Building Official			
Barangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	City 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	Surcharge/ Interest	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboard/ Billboards			
<b>REGULATORY FEES AND CHARGES</b>			
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 & Sale of Combustible/ Flammable or Explosive Substance			
Others			
<b>TOTAL FEES for LGU</b>			
<b>FIRE SAFETY INSPECTION FEE (10%)</b>			

Assessed by: CTO

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

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 the 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).*