



Republic of the Philippines
PROVINCE OF GUIMARAS
MUNICIPALITY OF JORDAN

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APPLICATION FOR BUSINESS PERMIT
TAX YEAR: _____

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 the form (if any) are complete and properly filled out.

1. APPLICATION SECTION

Application Type :	BIN:
Date of Application :	DTI Registration No. :
Reference No. :	DTI Date of Registration :
Type of Organization :	CTC No. TIN:
Tax Incentive :	SEC Registration No. :
Name of Taxpayer :	SEC Date of Registration :
Business Name :	CDA Registration No. :
Trade Name/Franchise :	CDA Date of Registration :

2. OTHER INFORMATION**Name of President/Treasurer of Corporation:**

Business Address:	Owner's Address:	
House /Bldg. No. :	House /Bldg. No. :	
Building Name :	Building Name :	
Unit No. :	Unit No. :	
Street :	Street :	
Barangay :	Barangay :	
Subdivision :	Subdivision :	
City/Municipality :	City/Municipality :	
Contact No. :	Contact No. :	
Email Address :	Email Address :	
Property Index Number (PIN)	Birthday:	
Business Area (in Sq. M)	Total no. of Employees in Establishment	# of Employees Residing in LGU:
	Male : Female :	

If Place of Business is Rented, please identify the following :**Monthly Rental:**

Lessor Name :	
Lessor Address :	
House /Bldg. No. :	Street :
Building Name :	Barangay :
Unit No. :	Subdivision :
Contact No. :	Email Address :

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 forgoing information are true based on my knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 90 days from release of the business permit.

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION/TITLE

DECLARATION OF GROSS RECEIPTS

Account Number			E-mail Address	
First Name		Middle Name		Last Name
Business/Trade Name				
Business Address				
Landline No.			Mobile Number:	
No. of Employees:	Male:			Female:

Breakdown of Monthly Gross Sales or Receipts for CY _____ (for RENEWAL)

MONTH	LINE OF BUSINESS				
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	PHP	PHP	PHP	PHP	PHP

Please check box of desired mode of payment: Annually Semi-Annual Quarterly

Oath of Understanding

I hereby certify the accuracy and correctness of all my declaration contained herein and undertakes to comply with all necessary regulatory requirements for the issuance of business permit and license as required by the law or Municipal Ordinance within 90 days from the date machine stamped on my business tax receipt

Signature over Printed Name (Owner/Representative)

Position/Title

REMARKS (This space is for BPLO personnel use only)			
Description	Issuing Office/Agency	Date Issued	Remarks
Zoning Clearance	MPDO		
Occupancy Clearance	MEO		
Sanitary Permit	MHO		
Fire Safety Inspection Certificate	BFP		
CCTV Certificate of Compliance	CCTV Council/BPLO		
Approved Recommended by:			
ENGR. ANGELO G. GALAURA <i>Licensing Officer I</i>			