



**APPLICATION FORM FOR BUSINESS PERMIT**  
**TAX YEAR 2023**  
**CITY/MUNICIPALITY BACARRA**

MTO-001-1

**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 Registration No. :

Type of Business:     Single     Partnership     Corporation     CooperativeAmendment: From     Single     Partnership     CorporationTo     Single     Partnership     CorporationAre you enjoying tax incentive 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 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	Municipal Health Office			
City Environmental Certificate	City Environment and Natural Resources Office			
Market Clearance (For Stall Holders)	Office of the Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by: BPLO \_\_\_\_\_

**2. ASSESSMENT OF APPLICABLE FEES**

Local Taxes	Amount Due	Penalty/Surcharge	Total
<b>Gross Sales Tax/Business Tax</b>			
Tax on Delivery Van/Trucks			
Tax on Storage for Combustible/Flammable of Explosive Substance			
Tax on Signboard/Billboards			
<b>REGULATORY FEES AND CHARGES</b>			
<b>Mayor's Permit Fee Asset Size P _____</b>			
<b>Garbage Charges</b>			
Delivery Trucks/Vans Permit Fee			
<b>Sanitary Inspection Fee</b>			
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			
<b>OTHERS</b>			
Surcharge			
Fines & Penalties – Business Tax			
<b>Governor's Permit Fee</b>			
<b>Occupation Fee</b>			
<b>Fire Inspection Fee</b>			
<b>Health Certificate</b>			
<b>Laboratory Fee</b>			
<b>Weights &amp; Measure</b>			
<b>Butcher's Fee</b>			
<b>Police Clearance</b>			
<b>Zoning Fee</b>			
<b>Others/Barangay Clearance Fee</b>			
<b>Community Tax Certificate/CEDULA</b>			
<b>TOTAL FEES FOR LGU</b>			
<b>FIRE SAFETY INSPECTION FEE (10%)</b>			

Assessment approved by: MTO \_\_\_\_\_

FSIF Assessment Approved by: BFP \_\_\_\_\_

**III. CITY/MUNICIPALITY FIRE STATION SECTION**

APPLICATION NO.: \_\_\_\_\_  
(TO BE FILLED UP BY APPLICANT/OWNER)

DATE: \_\_\_\_\_

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:	
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