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Annex 1 (Page 1 of 2): Application Form for Business Permit

TAX YEAR: _____

MUNICIPALITY OF TALAVERA

<input type="checkbox"/> New	<input checked="" type="checkbox"/> AMMENDMENT
<input type="checkbox"/> Renewed	<input type="checkbox"/> From Single to Partnership
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation
<input type="checkbox"/> Transfer	<input type="checkbox"/> From Partnership to Single
<input type="checkbox"/> Ownership	<input type="checkbox"/> From Partnership to Corporation
<input type="checkbox"/> Location	<input type="checkbox"/> From Corporation to Single
<input type="checkbox"/> From Corporation to Partnership	
Date of application	DTI/SEC/CDA Registration No.
Reference No.	DTI/SEC/CDA Date of Registration:
Type of Organization: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	CTC No: _____ TIN: _____
Are you enjoying tax incentive from any Government Entity? () Yes () No Please specify the entity	

Name of Tax Payer		
Last Name:	First Name:	Middle Name:
Date of Birth:	Contact No.	
Business Name:		
Trade Name / Franchise:		
Name of President/Treasurer of Corporation		
Last Name:	First Name:	Middle Name:

Business Address	Owner's Address
House No. Bldg. No.	House No. Bldg. No.
Building Name / Unit No.	Building Name / Unit No.
Street	Street
Barangay	Barangay
Subdivision	Subdivision
City / Municipality	City / Municipality
Province	Province
Tel No.	Tel No.
E-mail Address	E-mail Address

Property Index Number (PIN)	With Weigh & Measures: <input type="checkbox"/>	Weight Capacity:
Business area(in sq. m):	Total No. of Employees in:	No. of Employees Residing in LGU:
If Place of Business is Rented, please identify the following:		Monthly Rental:
Lessor's Name		Storage Capacity:
Last Name:	First Name:	Middle Name:
Lessor's Address:		Subdivision:
House No./Bldg No.:		City/Municipality:
Street:		Province:
Barangay:	Tel No.:	E-mail Address:
In case of Emergency	Contact Person/Tel No./Mobile phone No./E-mail address	

Business Activity	Total Assets	Number of	Gross Sales/Receipts (for Renewal)
Code	(for new business)	Employees	

Oath of Undertaking

I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business

SIGNATURE OF APPLICANT OVER PRINTED NAME	CTC No. _____ Amount _____
	Issued on: _____
	Issued at: _____

Name and Signature of Authorized Representative (if Any)

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**Application Form for Business
Application No. 000-000-000-0000**

ASSESSMENTS

LOCAL TAXES	Reference	Amount Due	Penalty	Total	Remarks
Gross Sales Tax					
REGULATORY FEES AND					
Mayor's Permit Fee					
Health Certificate					
Signboard					
Oath Fee					
Sanitary Permit					
Weight & Measure					
Inspection Fee					
Clean & Green					
Garbage Fee					
Trucking Fee					
Storage Fee (Combustible)					
Business Plate					

VERIFICATION OF DOCUMENTS

Description	Office/Agency	Remarks	Verified By:
Annual Inspection Fee	Bldg. Official		
Zoning Clearance	Zoning Admin		
Sanitary/Health Clearance	City Health Dept		
Occupational Permit	BPLO		
Fire Safety Inspection	City Fire Dept		
Others, please specify			

Reviewed & Recommending approval:

Approved for Payment:

ROSEMARIE B. REYES
Licensing Officer

JOSE M. PANCHO
Municipal Treasurer

INSTRUCTIONS:

1. Provide accurate information and print to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this application form are complete and properly filled up.