



APPLICATION for BUSINESS PERMIT

APPLICATION DATE	<input style="width:100%;" type="text"/>	MM-DD-YYYY
APPLICATION NUMBER	<input style="width:100%;" type="text"/>	
BUSINESS ID NUMBER	<input style="width:100%;" type="text"/>	

INSTRUCTIONS: 1. Provide accurate information and print legibly to avoid delays. Incomplete form will be returned to the applicant.
2. Ensure that all documents attached to this form (if any) are complete and properly filled out.

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
TIN No.			DTI/ SEC/ CDA REGISTRATION No.		
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		
	<input type="checkbox"/> Business Name	<input type="checkbox"/> Location	<input type="checkbox"/> Ownership	<input type="checkbox"/> Others _____	
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity _____					
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 has 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:	NO. OF CCTV:

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	NO. OF DELIVERY TRUCKS	CAPITALIZATION (For New Business)	GROSS SALES/ RECEIPT (For Renewal)	
				Essential	Non-Essential

PRINCIPAL PRODUCTS HANDLED/ SERVICES RENDERED:

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 requirements and other deficiencies within thirty (30) days from release of the Business Permit.

_____ Signature of Applicant/ Taxpayer over Printed Name	_____ Position/ Title
VERIFICATION _____ EMILIO ENRICO C. ROMERO Officer-in-Charge, BPLD	ENDORSEMENT _____ Atty. WILLIE B. RIVERA CITY ADMINISTRATOR

SKETCH OF BUSINESS LOCATION



BASIC REQUIREMENTS:

For New:

- Proof of Business Registration, Incorporation, or Legal Personality (DTI/ SEC/ CDA)
- Basis for Computing Taxes, Fees, and Charges (Business Capitalization)
- Occupancy Permit for Newly Constructed Buildings
- Barangay Clearance (if not required Occupancy Permit)
- Contract of Lease (if Lessee)
- Community Tax Certificate

For Renewal:

- Basis for Computing Taxes, Fees, and Charges (Financial Statements/ Income Tax Return)
- Barangay Clearance
- Community Tax Certificate

CONSTITUENT’S FEEDBACK SURVEY

Rating Scale	Strongly Agree	Agree	Disagree	Strongly Disagree
ABOUT THE STAFF AND SERVICES PROVIDED				
Staff was professional and courteous	4	3	2	1
Staff was knowledgeable of the process and provided complete and accurate information	4	3	2	1
ABOUT THE PERMIT ISSUANCE PROCESS				
Application form was easy to obtain, to understand, and to complete	4	3	2	1
Steps in securing Business Permit were clear and easy to follow	4	3	2	1

Comments/ Suggestions to improve the Business Permit Issuance Process:

For “Online Business Permit Application”, please visit e-BOSS @ www.angelescity.gov.ph.

