

Application Form for Business

Republic of the Philippines

ILIGAN CITY

Taxable Year _____

<input type="checkbox"/>	New	
<input type="checkbox"/>	Renewal	
<input type="checkbox"/>	Additional	<input type="checkbox"/> Ownership
<input type="checkbox"/>	Transfer	<input type="checkbox"/> Location
<input type="checkbox"/>	Amendment	
<input type="checkbox"/>		From Single to Partnership
<input type="checkbox"/>		From Single to Corporation
<input type="checkbox"/>		From Partnership to Single

<input type="checkbox"/>	From Partnership to Corporation	<input type="checkbox"/>	Annually
<input type="checkbox"/>	From Corporation to Single	<input type="checkbox"/>	Bi-annually
<input type="checkbox"/>	From Corporation to Partnership	<input type="checkbox"/>	Quarterly

Bldg. Insp. Fee	_____
Mech'l Insp. Fee	_____
Elect'l Insp. Fee	_____
Plumbing Fee	_____
Sign Board	_____

City Engineer	

Date of Application		DTI/SEC/CDA Registration No.	
Reference No.		DTI/SEC/CDA Date of Registration	
Kind of Organization		TIN	
Are you enjoying tax incentive from any Government Entity? () yes () no			
Please specify the entity			
Name of Taxpayer	Last Name	First Name	Middle Name
Business Name			
Trade name/Franchise:			
Name of President / Treasurer of the Corp.:			
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	
Province		Province	
Telephone No.		Telephone No.	
Email Address		Email Address	
Property Index Number (PIN)		CTC No.	BIN
Business Area (in sqm.)	Total No. of Employees in Establishment _____	Total No. of Employees Residing in LGU	
	Male _____ Female _____		
If place of business is rented, place state Lessor's Last, First and Middle Name			Monthly Rental
Lessor's Address			
House/Bldg. No.		Subdivision	
Street		City/Municipality	
Barangay		Province	
Telephone No.		Email Address	
In case of emergency Contact Person:			

BUSINESS ACTIVITY					
Code	Line of Business	No. of Units	Capitalization (for new business)	Gross Sales/Receipts (for renewal)	
				Essential	Non-Essential

I / We hereby certify that the statement / information given above are true and correct to the best of my / our knowledge.

Signature of Applicant over Printed Name

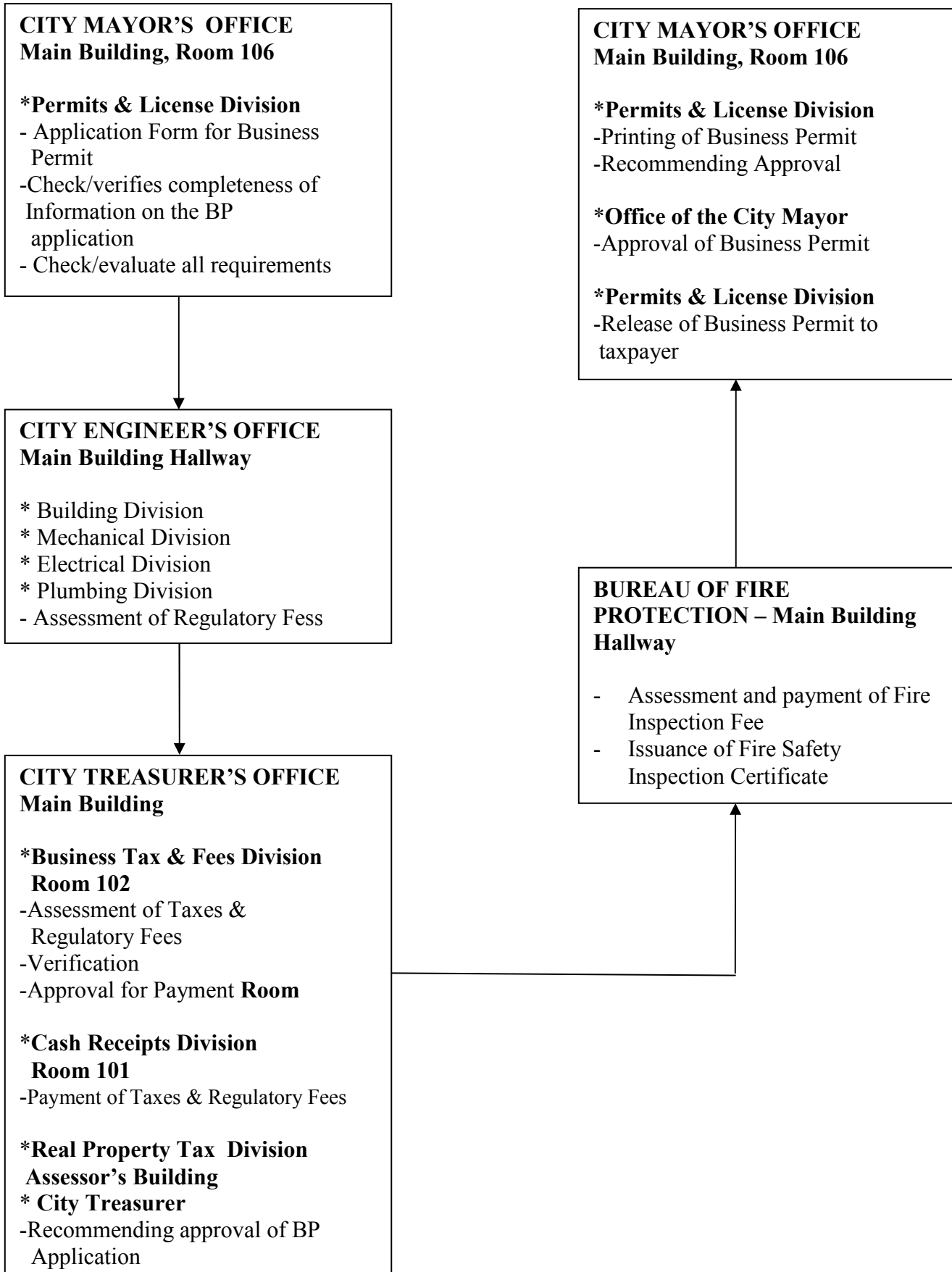
Position / Title

Application Checked by: _____

Date: _____

CTO / RPT

**FLOW CHART
PROCESSING OF BUSINESS PERMIT
NEW APPLICANT**



**FLOW CHART
PROCESSING OF BUSINESS PERMIT
RENEWAL APPLICANT**

