



Annex 2
TEMPLATE UNIFIED APPLICATION FORM FOR NEW BUSINESS PERMIT (ONLINE)

		Payment				
X	NEW	Annually			Date of Receipt	_____
	RENEWAL	Bi-annually			Tracking Number	_____
	ADDITIONAL	Quarterly			Business ID Number	_____
A. BUSINESS INFORMATION AND REGISTRATION						
Please choose one						
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> One Person Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation
Male Female		Male Female				<input type="checkbox"/> Cooperative
DTI/SEC/CDA Registration Number: _____			Tax Identification Number (TIN): _____			
Business Name: _____						
Trade Name/Franchise (If applicable): _____						
Main Office Address: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____						
Street _____ Barangay _____ Subdivision _____						
City/Municipality _____ Province _____ Zip Code _____						
Telephone No.: _____		Mobile No. _____		Email Address: _____		
(For Sole Proprietorship) Name of Owner:		Surname	Given Name	Middle Name	Suffix	
(For Corporations/Cooperative/ Partnerships) Name of President/Officer in Charge:		Surname	Given Name	Middle Name	Suffix	
For Corporation: <input type="checkbox"/> Filipino <input type="checkbox"/> Foreign						
B. BUSINESS OPERATION						
Business Area (in sq.m): _____		Total No. of Employees in Establishment		No. of Employees		No. of Delivery Vehicles (If applicable)
Total Floor Area (in sq.m): _____		Male _____ Female _____		Residing within _____		Van/Truck _____ Motorcycle _____
<input type="checkbox"/> Same as Main Office Address						
Business Location Address: House /Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____						
Street _____ Barangay _____ Subdivision _____						
City/Municipality _____ Province _____ Zip Code _____						
Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Tax Declaration No. _____ or Property Identification No. _____						
Total Capitalization (PH): _____						
Do you have tax incentives from any Government Entity? Yes (Please attach a copy of your certificate) No						
Business Activity (Please check one) : <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Warehouse <input type="checkbox"/> Others Pls. Specify _____						
Line of Business		Philippine Standard Industrial Code (If Available)			Products/Services	
I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the _____ Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its Implementing Rules and Regulations) and account transaction information or records with the <u>City/Municipal</u> Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.						
SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME						

DESIGNATION / POSITION / TITLE						