

ANNEX 1

APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

MUNICIPALITY SARA

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:

TIN No.:

Type of Business:

Amendment: **From** Single Partnership Corporation Cooperative

To Single Partnership Corporation

Are you enjoying tax incentive from any Government Entity? Yes No Please specify the entity?

Name of Taxpayer or 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: PIN: Email Address:

Telephone No.: Mobile Number:

Owner's Address:

Postal Code: Email Address:

Telephone No.: Mobile Number:

In case of emergency, provide name of contact person:

Telephone/Mobile No.:

Business Area (in sq m.) Total number of Employees in Establishment: Number of Employees residing within LGU:

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Note: Fill Up Only If Business Place is Rented:

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full 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 the release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE