



**MALABON
AHON**

APPLICATION FOR RENEWAL OF BUSINESS PERMIT

To be filled-up by your local BPLO/CTO:

TAX YEAR: _____

Date of Receipt: _____

Business Permit Number: _____

Tracking Number: _____

TIN:

Business ID Number: _____

GENERAL INSTRUCTIONS:

- Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (upper case/capital letter). All required data fields/information should be completely and clearly filled-out by the applicant.
- Please ensure that all required documents are properly attached and fill out all necessary information. Incomplete submission of application form and/or requirements will be returned to the applicant.

A. BUSINESS INFORMATION AND REGISTRATION

1. Do you have any changes or amendments in the previous business registration? Yes No

2. If yes, please check the appropriate box/es (The local BPLS or CTO shall update the business registration of the applicant/owner)

Ownership Location or Address of Business Nature of Business Others _____

3. Amendment:	From	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
	To	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative

B. BUSINESS OPERATION

1. Business Name: _____

2. Business Area (in sq. m.):	3. Total No. of Employees:			4. No. of Employees Residing within LGU:	5. No. of Delivery Units:
	Male:	Female:	Total:		

6. Business Location Address: House/Bldg. No. _____ Street _____

Barangay _____ City/Mun. _____ Province _____ Postal Code _____

PSGC for BPLO/CTO only		
Prov	Mun	Brgy
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Do you have tax incentives from any Government Entity? Yes (Please attach a copy of your certificate) No

8. Do you pay rent for occupying a place of business? Yes (Please attach a copy of your lease contract) No

Line of Business	Products/Services	PSIC Code for BPLO/CTO only	Gross Sales/Receipts
1.		<input type="text"/>	
2.		<input type="text"/>	
3.		<input type="text"/>	

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 Local Government. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of the permit. Further, I hereby authorize and consent the Local Government to treat any personal data provided in this application with utmost confidentiality.

SIGNATURE OF REPRESENTATIVE OVER PRINTED NAME

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATED POSITION

DESIGNATED POSITION

DOCUMENTARY REQUIREMENTS

- Submission of BIR Sales Tax Returns of the prior year
- Barangay Clearance
- Secondary Permits/Licenses (if any, please refer to the annex)

Mode of Payment: Annually Semi-Annually Quarterly

ANNEX 1 (PAGE 2 OF 2) APPLICATION FOR RENEWAL OF BUSINESS PERMIT

I. LGU SECTION (The local BPLO or CTO shall fill-up this section)

1. VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			Evaluated by
		Yes	No	Not required	
Annual Building Inspection	Office of the Local Building Official				
Sanitary Permit/Health Certificate	City Health Office				
City Environmental Certificate	City Environmental and Natural Resources Office				
Market Clearance (for Stall Holders)	Office of the City Market Administrator				
Fire Safety Inspection Certificate	Bureau of Fire Protection				
Zoning Clearance	Planning/Zoning Office				

II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)

DATE: _____

TRACKING NUMBER: _____

(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact Number: _____

Address of Establishment: _____

Signature of Applicant/Owner

Certified by:

Customer Relations Officer

Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
---	--

Important Notice: as per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and hazard insurance companies, and vendors of fire fighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).