

BUSINESS INFORMATION

Business Name: _____
 Trade Name: _____
 Nature of Business / Line of Business: _____
 Year Established: _____ Total No. of Employees/Workers: _____
 No. of **Malabon** employees/workers: _____ No. of **NON-Malabon** employees/workers: _____
 Business Contact Number: _____
Mobile Landline Others
 Business Address: _____

 Ownership: ____ Owned ____ Rented ____ Used for free If rented, Name of Lessor: _____
 Occupied since: _____ (year) Term of Contract: _____ Contact No. _____

ADDITIONAL INFORMATION

IDs PRESENTED:
 Government Issued ID: _____ ID No. _____
 Date Issued: _____
 Contact Details:
 Mobile No. : _____ Landline No.: _____
 Email Address: _____

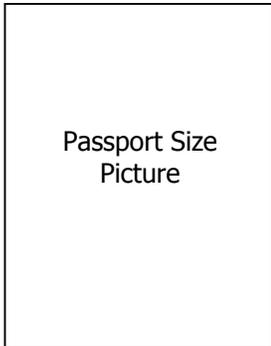
FINANCIAL INFORMATION

1. Gross Receipts: Monthly Gross Sales from Business: _____
2. Business Expense: Monthly Operating Expense: _____

I hereby certify that the information reflected herein is true and correct to the best of my knowledge and that any information disclosed herewith maybe used by the City Government of Malabon for the processing of my application. I also authorize the City Government of Malabon to verify and investigate any information provided herewith for the processing of my application. This also serves as my pledge **not** to terminate nor lay-off any of my Malabonians employees/workers without valid reason. I understand that any misinterpretation of falsity in this document may be used as grounds for criminal charges against the undersigned.

 Signature over Printed Name

 Date



Reviewed by:			Approved by:
LEIPO	BPLO	CTD	OCM