

ANNEX 1 (Page 1 of 2)				
APPLICATION FORM FOR BUSINESS PERMIT TAX YEAR 2020 MUNICIPALITY OF PATNONGON				
<b>INSTRUCTIONS:</b>				
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.				
<b>I. APPLICANT SECTION</b>				
<b>1. BASIC INFORMATION</b>				
<input type="checkbox"/> New <input type="checkbox"/> Renewal    Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly				
Date of Application:		DTI/SEC/CDA Registration No.:		
TIN:		DTI/SEC/CDA Registration Date:		
Type of Business:		<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative
Amendment: FROM		<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
TO		<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please specify the entity?				
<b>Name of Taxpayer / Registrant</b>				
Last Name:		First Name:		Middle Name:
Business Name:				
Trade Name / Franchise:				
<b>2. OTHER INFORMATION</b>				
<b>Note: For renewal applications, do not fill up this section unless certain information have changed.</b>				
Business Address:				
Postal Code:		Email Address:		
Telephone No.:		Mobile No.:		
Owner's Address:				
Postal Code:		Email Address:		
Telephone No.:		Mobile No.:		
In case of emergency, provide name of contact person:				
Telephone/Mobile No.:		Email Address:		
Business Area (in sq m.)		Total No. of Employee in Establishment:		No. of Employees Residing within LGU:
<b>Note: Fill Up Only if Business Place is Rented</b>				
Lessor's Full Name:				
Lessor's Full Address:				
Lessor's Full Telephone/Mobile No.:				
Lessor's Email Address:				
Monthly Rental:				
<b>3. BUSINESS ACTIVITY</b>				
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 release of the permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME  
POSITION/TITLE

**ANNEX 1 (Page 2 of 2) Application Form for Business Permit**

**II. LGU SECTION (Do not fill Up This Section)**

**1. VERIFICATION OF DOCUMENTS**

Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Municipal Engineering Office			
Barangay Clearance (For Renewal)	Barangay			
Business Clearance (For New/Renewal)	Barangay			
Sanitary Permit/Health Clearance	Municipal Health Office			
Municipal Environmental Certificate	MENRO			
Market Clearance (For Stall Holders)	MEEDO			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Annual Inspection Certificate	Municipal Engineering Office			
Zoning Certificate	MPDO			
Police Clearance	Philippine National Police			
DTI	DTI-Patnongon			
BIR	BIR-Patnongon			

Verified by:

**GLENDA A. ALBERTO**  
BPLO Designate

**2. ASSESSMENT OF APPLICABLE FEES**

Local Taxes	Amount Due	Penalty/Surcharge	Total
SANITARY FEE			
MAYORS CLEARANCE			
HEALTH CARD			
STICKER			
ANNUAL INSPECTION FEE			
MEDICAL CERTIFICATION FEE			
MEEDO CLEARANCE FEE			
POLICE CLEARANCE			
TAX CLEARANCE			
ZONING/LOCATIONAL CERTIFICATION FEE			
MENRO CERTIFICATION FEE			
BUSINESS PLATE			
GARBAGE FEE			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE			

Assessed by:

FSIF Assessment Approved by:

**III. MUNICIPALITY FIRE STATION SECTION**

DATE: \_\_\_\_\_

APPLICATION NO.: \_\_\_\_\_  
(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Total Floor Area: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Signature of Applicant/Owner \_\_\_\_\_

Certified by:  
Customer Relation Officer

Time and Date Received: \_\_\_\_\_

FIRE SAFETY  
INSPECTION  
FEE ASSESSMENT