



Republic of the Philippines
 Province of Bukidnon
 Municipality of Quezon
OFFICE OF THE MUNICIPAL MAYOR

APPLICATION FORM FOR BUSINESS PERMIT

INSTRUCTIONS: 1. Provide accurate information and print legibly to avoid delays. Incomplete Application form will not be accepted.
 2. Ensure that all documents attached to this form are complete and properly filled out.

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	Permit No.	Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly
Date of Application:		DTI/SEC/CDA Registration No.:	
Reference No.:		DTI/SEC/CDA Date of Registration:	
Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership		CTC No.:	TIN:
<input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative			

Name of Taxpayer/Registrant

Last Name:	First Name:	Middle Name:
Business Name:		
Trade Name/Franchise:		

Name of President (applicable to Corporation/Cooperative)

Last Name:	First Name:	Middle Name:
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Business Address	Owner's/Operator's Home Address
Street:	Street:
Barangay:	Barangay:
Municipality & Province:	Municipality & Province:
Telephone/Mobile No.:	Telephone/Mobile No.:
Email Address:	Email Address:

Name & Contact of Person, in case of emergency:

Property Index Number (PIN):	Coordinates - Latitude:	Longitude:
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Business Area (in sq.m.):	Total No. of Employees:	No. of Employees residing in Quezon, Bukidnon <input type="checkbox"/>
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Note: Fill Up only if place of business is RENTED. Please identify the following:

Lessor's Full Name:	MONTHLY RENTAL:
Lessor's Full Address:	
Lessor's Telephone/Mobile No.:	
Lessor's Email Address:	

Code	Line of Business	No. of Units	Capitalization (New Business)	Gross Sales/Receipts(for Renewal)	
				Essential	Non-Essential

Verification of Documents

Description	Office / Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Municipal Engineer's Office			
Barangay Business Clearance/Cedula	Barangay / Municipal Treasurer's Office			
Sanitary Permit/Health Certificate	Municipal Health Office			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Other document/s if required by law:				

OATH OF UNDERTAKING

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 requirements and other deficiencies within thirty (30) days from release of the Business Permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME	POSITION / TITLE
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RECOMMENDING APPROVAL: APPROVED FOR PROCESSING:

NIEL MAR Q. APITA
BPLD-OIC

PABLO LORENZO III
Municipal Mayor

By authority of the Municipal Mayor:

ATTY. MICHAEL L. CUTOR, CPA
Executive Assistant IV