



Republic of the Philippines
OFFICE OF THE MAYOR
 Dagupan City



CERTIFICATION
 INTERNATIONAL
 ISO 9001:2008
 CIP/ 4414/ 10/04/699

ONE STOP BUSINESS CENTER
Business Permit Application

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.	(FOR ONE STOP BUSINESS CENTER USE ONLY) RECEIVED Date Received: _____ Received by: _____	For new applicants, Please attach here 2" x 2" PHOTO
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I. APPLICATION SECTION

1. BASIC INFORMATION		Reference No. (BIN):	
<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 No.:	
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?			
Office Type:	<input type="checkbox"/> Head/Main Office		<input type="checkbox"/> Branch Office

Name of Taxpayer/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:	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 No./Mobile No.:	Email Address:	
Business Area (in sq. m.)	Total No. of Employees in Establishment: Male: Female:	No. of Employees Residing within LGU:
Note: Fill up Only if Business Place is Rented		
Lessor's Full Name:		
Lessor's Full Address::		
Lessor's Full Telephone No./Mobile No.:		
Lessor's Email Address:	No. of Delivery Vans:	
Monthly Rental:	No. Weighing Scale:	

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

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)	Office of the Building Official			
Barangay Clearance (For Renewal)	Barangay			
Sanitary Permit/Health Clearance	City Health Office			
City Environment Certificate	City Environment & Natural Resources Office			
Market Clearance (For Stall Holders)	Office of the City Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Zoning Clearance	Zoning Admin.			
Others				
Verified by: BPLO _____				
2. ASSESSMENT OF APPLICABLE FEES				
Local Taxes	Amount Due	Penalty/Surcharge	Total	
Gross Sales Tax				
Tax on Delivery Vans/Trucks				
Tax on Storage for Combustible/ Flammable of Explosive Substance				
Tax on Signboard/Billboards				
REGULATORY FEES AND CHARGES				
Mayor's Permit Fee				
Garbage Charges				
Delivery Trucks/Van Permit Fee				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Mechanical Inspection Fee				
Plumbing Inspection Fee				
Signboard/Billboard Renewal Fee				
Signboard/Billboard Permit Fee				
Storage and Sale of Combustible/ Flammable or Explosive Substance				
Others				
TOTAL FEES FOR LGU				
FIRE SAFETY INSPECTION FEE (10%)				
Assessed by: CTO _____ Assessment reviewed/Approval recommended by		FSIF Assessment Approved by: BFP _____		
III. CITY FIRE STATION SECTION				
		Date: _____		
APPLICATION NO.: _____ (TO BE FILLED UP BY APPLICANT/OWNER)				
Name of Applicant/Owner: _____				
Name of Business: _____				
Total Floor Area: _____				
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 establishment (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) maybe 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).