



Republic of the Philippines
Province of Batangas
CITY OF TANAUAN



BUSINESS PERMITS AND LICENSING OFFICE

Email: bplotanauacity@gmail.com
Telephone No. (043) 728-9878 loc. 1028-32

Application Form for Business Permit

Taxable Year 20_____

- () New **MODE OF PAYMENT** () Amendments:
- () Renewal () Annually () From Single to Partnership () From Partnership to Corporation () Transfer of Ownership
- () Bi-Annually () From Single to Corporation () From Corporation to Single () Transfer of Location
- () Quarterly () From Partnership to Single () From Corporation to Partnership

Date of Application:		Business Code:	
DTI/SEC/CDA Registration No.		DTI/SEC/CDA date of registration:	
Business/Trade Name:			

Owner/Taxpayer Name: Last Name		First Name	Middle Name
Name of President/Treasurer of Corporation:		Address:	
Form of Business Organization: () Single Proprietorship () Corporation () Association (Pls. check appropriate space) () Partnership () Cooperative			
Business Complete Address:		Owner's Complete Address:	
Bldg. No/Unit No.			
Bldg. Name/Street			
Barangay			
City/Municipality			
Province			
Telephone No.			
Email Address			
Business area (in sq.m)	Total no. of Employees in Establishment: _____	No. of Employees Residing in the City of Tanauan: _____	
If the place is being rented: () Yes () No	Last Name	First Name	Middle Name
	Lessor's Name: _____		
	Lessor's Complete Address: _____		
	Business Code/ Permit No.		Monthly Rental:

BUSINESS ACTIVITY			
Nature/Line of Business	Capital Investment (for new business)	Gross Sales/Receipts(for Renewal)	
		Essential	Non-Essential
Total			

Other pertinent information(as applicable):

No. of Apartment Unit: _____ Computer Shop: No.of Computer Unit: _____

Gasoline Station: No .of Pumps: _____ No. of Trucking/Shuttle Services/Vehicles: _____

No.of Billiard Table: _____ Others: _____

I DECLARE, UNDER THE PENALTIES OF PERJURY, that this application form has been accomplished in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the Local Government Code and Ordinance/s issue under the authority thereof.

I further undertake to allow any authorized inspectors of the City Government to conduct ocular inspection of my establishment to ensure faithful compliance to any regulatory measures and post inspection requirements and in case of violation or non- compliance thereof it will result in the closure of the business establishment without the need of notice, Executive Order and revocation of my business permit.

Signature over Printed Name of Applicant

VERIFICATION OF DOCUMENTS				
ENDORSEMENTS	OFFICE/AGENCY	ISSUED BY:	DATE	VERIFIED BY :
Brgy. Clearance	Barangay			
Zoning Clearance	Zoning Admin			
Environmental Compliance	City ENRO/DENR			
Certificate of Annual Inspection	Office of the Building Official			
Sanitary Permit	City Health Office			
Fire Safety Inspection Clearance	Bureau of Fire			

BPLO's Copy

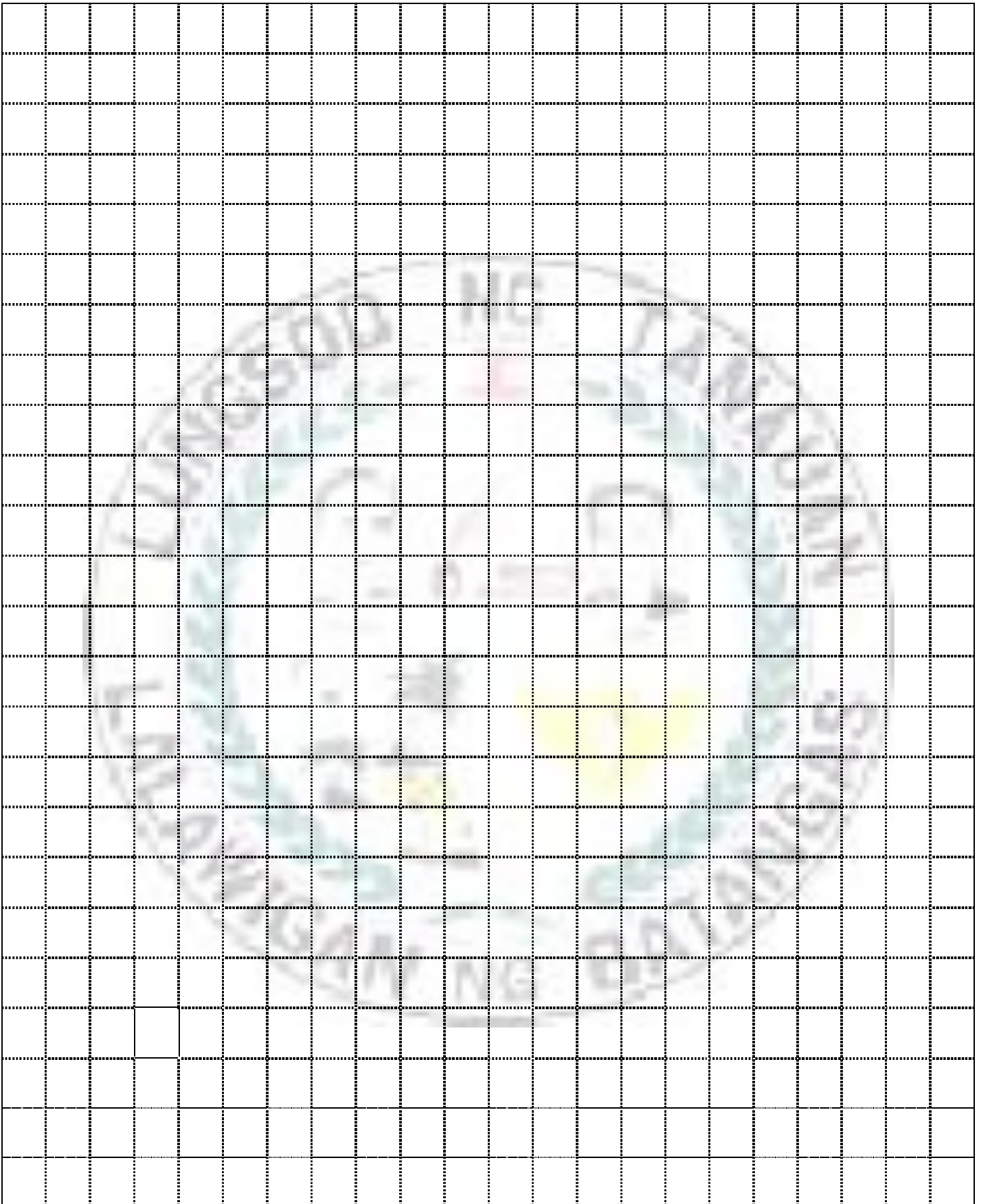
No. _____
CGT-BPL-F07 rev. 04

Business Names : _____

Business Location : _____

Owner's Name _____

Owner's Address : _____



Sketched by : _____

Date : _____

Contact No. : _____



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Name of President/Treasurer of Corporation:		Address:	
Form of Business Organization: () Single Proprietorship () Corporation () Association (Pls. check appropriate space) () Partnership () Cooperative			
		Business Complete Address:	Owner's Complete Address:
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Bldg. Name/Street			
Barangay			
City/Municipality			
Province			
Telephone No.			
Email Address			
Business area (in sq.m)		Total no. of Employees in Establishment: _____	No. of Employees Residing in the City of Tanauan: _____
If the place is being rented: () Yes () No		Last Name	First Name
		Middle Name	Business Code/ Permit No.
		Lessor's Name: _____	Monthly Rental:
		Lessor's Complete Address: _____	

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Fire Safety Inspection Clearance	Bureau of Fire			

BFP's Copy

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