



REPUBLIC OF THE PHILIPPINES
Province of Rizal
CITY OF ANTIPOLO
OFFICE OF THE CITY MAYOR
BUSINESS PERMIT AND LICENSING OFFICE

APPLICATION FOR BUSINESS PERMIT & LICENSE

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Amendments | <input type="checkbox"/> Mode of Payment |
| <input type="checkbox"/> Renewal | | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Additional | <input type="checkbox"/> From Single to Partnership | <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> From Single to Corporation | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Ownership | <input type="checkbox"/> From Partnership to Corporation | |
| <input type="checkbox"/> Location | <input type="checkbox"/> From Corporation to Single | |
| | <input type="checkbox"/> From Partnership to Single | |
| | <input type="checkbox"/> From Corporation to Partnership | |

Date of Application		DTI/SEC/CDA Registration No.	
Reference No.		DTI/SEC/CDA Date of Registration	
Kind of Organization		TIN	
Are you enjoying Tax Incentive from any Government Entity? () yes () no			
Please specify the entity			
Name of Taxpayer:		Last Name	First name Middle Name
Business Name:			
Tradenname/Franchise:			
Name of president/Treasurer of corporation:			
Business Address		Owner's Address	
House No/Bldg. No.		House No./Bldg. No.	
Building Name		Building Name	
Unit No.		Unit No.	
Street		Street	
Barangay		Barangay	
Subdivision		Subdivision	
City/Municipality		City/Municipality	
Province		Province	
Tel. No.		Tel. No.	
Email Address		Email Address	
Property Index Number (PIN)			
Business Area (in sqm)		Total No. of Employees in Establishment	Total # Employees Residing in LGU
If Place of business is rented, please identify the following:			Monthly Rental
Lessor's Name			
Last name		First Name	Middle Name
Lessor's Address			
House No/Bldg. No.		Subdivision	
Street		City/Municipality	
Barangay		Province	
Tel. No.		Email Address	
In Case of Emergency Contact Person			
Tel. No. /Mobile Phone No./email address			

Business Activity					
Code	Line of Business	No. of Units/Nature of Business	Capitalization (for new business)	Gross Sales/Receipts (for renewal)	
				Essential	Non-essential

Oath of Undertaking :
I undertake to comply with the regulatory requirement and other deficiencies, including _____ within 30 days from release of the business permit.

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION/TITLE

For corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case of Liason Officer or any authorized representative, kindly present an authorization letter signed by the identified responsible person of the corporation.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20__ AT THE CITY OF _____ AFFIANT

EXHIBITED TO ME HIS/HER RESIDENCE CERTIFICATE NO. _____ ISSUED AT _____ ON _____.

DOC. NO. _____
 PAGE NO. _____
 BOOK NO. _____
 SERIES OF 20 _____

REQUIREMENTS FOR BUSINESS PERMIT APPLICATION:	CHECKLIST	CHECKLIST
1. Notarized Application Form	<input type="checkbox"/>	9. SSS Certificate <input type="checkbox"/>
2. DTI Business Name Registration/SEC Registration	<input type="checkbox"/>	10. Audited Financial Statement/VAT Payments (for renewal) <input type="checkbox"/>
3. Barangay Business Clearance	<input type="checkbox"/>	11. Other National Agency Clearance <input type="checkbox"/>
4. Contract of Lease (if renting)/Land Title or Tax Declaration	<input type="checkbox"/>	12. City Treasurer's Clearance <input type="checkbox"/>
5. Community Tax Certificate(sedula)/Corporate Tax Cert.	<input type="checkbox"/>	13. City Veterinary Clearance <input type="checkbox"/>
6. Location/Zoning Clearance	<input type="checkbox"/>	14. Sanguniang Panlungsod Resolution <input type="checkbox"/>
7. EPO/Solid Waste Management Seminar	<input type="checkbox"/>	15. Old Mayor's Permit (for renewal) <input type="checkbox"/>
8. Homeowner's Endorsement (interposing no objection)	<input type="checkbox"/>	
Evaluated by:		Verified by:
_____ BPLO Examiner		_____ BPLO Examiner

Instructions:

- Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
- Ensure that all documents attached to this application form are complete and properly filled out.

