



APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR: _____

MUNICIPALITY OF CALAUAN

<input type="checkbox"/> New	<input type="checkbox"/> Amendment:	<input type="checkbox"/> Mode of Paymet
<input type="checkbox"/> Renewal	<input type="checkbox"/> From Single to Partnership	<input type="checkbox"/> Annually
<input type="checkbox"/> Additional	<input type="checkbox"/> From Single to Corporation	<input type="checkbox"/> Bi-Annually
<input type="checkbox"/> Transfer	<input type="checkbox"/> From Partnership to Single	<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 Corporation to Partnership	

Date of Application: _____ DTI/SEC/CDA Registration No.: _____

Reference No.: _____ DTI/SEC/CDA date of registration: _____

Single
 Partnership
 Corporation
 Cooperative
 CTC No. _____ TIN: _____

Are you enjoying tax incentive from any Government Entity? []Yes []No Please specify the entity: _____

Name of Tax payer:

Last Name: _____ First Name: _____ Middle Name: _____

Business Name: _____

Trade name/Franchise: _____

Name of President/Treasurer of corporation:

Last Name: _____ First Name: _____ Middle Name: _____

Business Address	Owner's Address
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House No./ Bldg No.	House No./ Bldg No.
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Building Name	Building Name
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Unit No.	Unit No.
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Street	Street
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Barangay	Barangay
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Subdivision	Subdivision
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City/Municipality	City/Municipality
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Province	Province
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Tel. No.	Tel No.
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Email Address	Email Address
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Property Index No. (PIN) _____

Business Area (in sq m)	Total No. of Emp. In Establishment:	# of Employees Residing in LGU:
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If Place of Business is Rented, please identify the following: **Lessor's Name** _____ Monthly Rental _____

Last Name:	First Name	Middle Name
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Lessor's Address

House No./ Bldg No.	Subdivision
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Street	City/Municipality
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Barangay	Province
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Tel. No.	Email Address
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In case of Emergency	Contact Person/Tel. No./Mobile No./Email Address:
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Business Activity	No of Units	Capitalization (for new business)	Gross Sales/Receipts (for renewal)	
Code			Line of Business	Essential

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Oath of Undertaking:

I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

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SIGNATURE OF APPLICANT OVER PRINTED NAME	POSITION/TITLE
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