



Republic of the Philippines
 Province of Cavite
 TAX YEAR _____
MUNICIPALITY OF CARMONA

BUSINESS PERMIT APPLICATION FORM

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.

I. APPLICATION SECTION

1. BASIC INFORMATION

<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 NO.:			DTI/SEC/CDA Date of Registration:		
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?					

Name of Taxpayer/Registrant

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

2. OTHER INFORMATION

Note: For renewal application, do not fill up this section unless certain information have changed.

Business Address:	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:

Postal Code:	Email Address:	
Telephone No.:	Mobile No.:	
In case of emergency, provide name of contact person:		
Telephone/ Mobile No.:	Email Address:	
Business Area (in sq. m.):	Total No. of Employees in Establishment:	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 / Mobile No.:
Lessor's Email Address:
Monthly Rental:

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 release of the business permit.

SIGNATURE OF APPLICANT / TAXPAYER OVER PRINTED NAME

POSITION / TITLE

II. LGU SECTION (Do Not Fill Up This Section)				
1. VERIFICATION OF DOCUMENTS				
Description	Office/Agency	Yes	No	Not Needed
Barangay Clearance (For New/Renewal)	Barangay			
Locational Clearance (For New)	Municipal Assessor's Office			
Municipal Environmental Certificate	Municipal Environment and Natural Resources Office			
Occupancy Permit (For New) /Annual Inspection Fee (For Renewal)	Office of the Building Official			
Sanitary Permit/Health Clearance	Municipal Health Office			
Market Clearance (For Stall Holders)	Office of the Municipal Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Verified by BPLO _____				
2. ASSESSMENT OF APPLICABLE FEES				
Local Taxes	Amount Due	Penalty/Surcharge	Total	
Gross Sales - Municipal Tax				
REGULATORY FEES AND CHARGES				
Mayor's Permit Fee				
Sanitary Inspection Fee				
Zoning				
Sticker				
Business Plate				
Environmental Protection Fee				
Weight and Measure				
Others				
TOTAL FEES for LGU				

FIRE SAFETY INSPECTION FEE(10%)	
Assessed by :	FSIF Assessment Approved by: BFP
TERESA P. LAURORA Licensing Officer III Tel. No. 046-4303007	_____

Date: _____

APPLICATION NO.: _____
(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____

Name of Business: _____

Total Floor Area: _____ Contact No.: _____

Address of Establishment: _____

Signature of Applicant/Owner

Certified by:
Customer Relation Officer:
Time and Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT
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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 the fire fighting equipment, appliance and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspection or in other process to be communicated by representative of Bureau of Fire Protection (BFP).