



Republic of the Philippines
CITY OF MASBATE
APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR **2022**

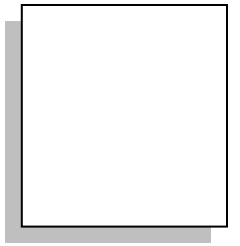
---PLEASE FILL-UP FORM COMPLETELY---

Date of Application(mm-dd-yyyy): _____

Status of Business

New

Renew



TAXPAYER'S INFORMATION:

Application No. : _____



Taxpayer's Name:

For Single Proprietorship Taxpayer:

Last Name:		First Name:		Middle Name:		<input type="checkbox"/> Male	
<input type="checkbox"/> Female		Date of Birth:					
Address:						Birth Place:	
Unit #		Street		Barangay			
Civil Status:		Religion:		Profession:		Citizenship:	
***Contact/Phone Number:				Email address:			
Cedula #:				Place of Issue:			

BUSINESS INFORMATION:

Business Trade Name:

Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative				TIN:			
DTI/SEC/CDA Registration No.:				Total No. of Employees/Workers: _____		# of PWD Employee if any	
# of Male: _____		Female: _____					
Business Address:							
House/Unit No.		Bldg. Name		Street		Barangay	
Contact No. (Tel/Cel): _____				Email Address: _____			

If Place of Business is RENTED, please identify the following: Lessor's Name (Business Area in Square Meters):

Last Name:		First Name:		Middle Name:	
Lessor's Address:					
House No./Bldg. No.:		Street:		Barangay:	
Tel# / Email Address:				Monthly Rental: ₱	

Business Activity Line of Business/Type of Business	Capitalization (for new business)		Gross Sales/ Receipts (for renewal)	
	₱	₱	Essential ₱	Non-essential ₱
	₱		₱	₱
	₱		₱	₱

VERIFICATION OF DOCUMENTS

Description	Office/Agency	Date Issued	Remarks	Verified By:
Barangay Clearance (Official Receipt)	Barangay		(indicate OR #)	
Zoning Clearance	Zoning Admin. (CPDO)			
Sanitary/Health Clearance	City Health Office			
Occupancy Permit (FOR NEW)	City Bldg. Official			
Fire Safety Inspection Cert.	Bureau of Fire Protection			
Market/Terminal Clearance	City Econ. Enterprise Office			
Others, please specify:				

Oath of Undertaking:

I undertake to comply with the regulatory requirement and other deficiencies within 60 days from release of the business permit.

SIGNATURE OF APPLICANT OVER PRINTED NAME:

Signature of Applicant: _____
Name of Applicant: _____

POSITION/TITLE