



APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR _____
CITY GOVERNMENT OF DAVAO

**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 FORM (IF ANY) ARE COMPLETE AND PROPERLY FILLED OUT.

I. APPLICANT SECTION**1. BASIC INFORMATION**

New Renewal Mode of Payment Annually Semi-Annually Quarterly

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

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

Type of Business: Single Partnership Corporation Cooperative

Amendment: From Single Partnership Corporation

To Single Partnership Corporation

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

Name of Taxpayer/Registrant Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Civil Status: _____ Citizenship: _____ TIN: _____

Name of Spouse: _____ Last Name: _____ First Name: _____ Middle Name: _____

Name of Corp./Coop./Partnership: _____

Business Name: _____

Name of President: _____

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.: _____

Owner's Address: _____

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 Employee in Establishment: _____ No. of Employees Residing within LGU: _____

Note: Fill up Only If Business Place is Rented

Lessor's Full Name: _____

Lessor' Full Address: _____

Lessor's Full Telephone/Mobile No.: _____

Lessor's Email Address: _____

Monthly Rental: _____

3. BUSINESS ACTIVITY

Line of Business	Capitalization

Remarks: _____

Assisted by: _____ Records checked by: _____

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Futher, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of business permit.

SIGNATURE OF APPLICANT/TAXPAYERS OVER PRINTED NAME

POSITION/TITLE

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____ AT THE CITY/MUNICIPALITY OF _____
 AFFIANT EXHIBITED TO ME HIS/HER RESIDENCE CERTIFICATE NO _____ ISSUED AT _____ ON _____

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