



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

<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.:	
Application 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:
Date of Birth:	Civil Status:	Citizenship:	TIN:
Name of Spouse:	Last Name:	First Name:	Middle Name:
Name of Corp./Coop./Partnership:			
Business Name/ Trade Name / Franchise 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 _____