



UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

	Payment
NEW	Annually
RENEWAL	B-Annually
ADDITIONAL	Quarterly

Date of Receipt: _____

Tracking Number: _____

Business ID Number: _____

A. BUSINESS INFORMATION AND REGISTRATION				
Please choose one: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> One Person Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female				
DTI / CDA / SEC Registration:		Tax Identification Number (TIN):		
Trade Name / Franchise (if applicable):				
Main Office Address:				
House/Bldg. No. _____		Name of Bldg. _____		Lot No. _____
Block No. _____				
Street _____	Subdivision _____	Barangay _____	District _____	
City _____	Province _____	Zip Code _____		
Telephone No:	Mobile No:	E-mail Address:		
(For Sole Proprietorship) Name of Owner:	Surname	Given Name	Middle Name	Suffix
(For Corporations/Cooperative/ Partnerships) Name of President/Officer In Charge:	Surname	Given Name	Middle Name	Suffix
For Corporation:	<input type="checkbox"/> Filipino <input type="checkbox"/> Foreign			
B. BUSINESS OPERATION				
Business Area (in sq.m.)	Total No. of Employees in Establishment:		No. of Employees residing	No. of Delivery Vehicles (if applicable):
Total Floor Area in sq.m. _____	Male _____	Female _____	within the City: _____	Van/Truck _____ Motorcycle _____
Business Location Address:				
<input type="checkbox"/> Same as Main Office Address				
House/Bldg. No. _____		Name of Bldg. _____		Lot No. _____
Block No. _____				
Street _____	Subdivision _____	Barangay _____	District _____	
City _____	Province _____	Zip Code _____		
Owned?				
<input type="checkbox"/> Yes If yes, Tax Declaration No. _____ or Property Identification No. _____				
<input type="checkbox"/> No If no, attach copy of Notarized Lease Contract				
Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach copy of your certificate) <input type="checkbox"/> No				
Business Activity (Please check one):				
<input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office Only				
<input type="checkbox"/> Warehouse <input type="checkbox"/> Others, Pls. Specify _____				
Line of Business	Philippine Standard Industrial Code (If Available)	Products / Services	No. of Units	Capitalization (For New Business) Last Year's Gross Sales/Receipts (For Renewal)
<p>I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the Investment Services, Business Permits & License Division. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes permit. I hereby agree that all personal (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulation) and account transaction information or records with the Iloilo City Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.</p>				
<p>_____</p> <p>SIGNATURE OF APPLICANT / OWNER OVER PRINTED NAME</p>				
<p>_____</p> <p>DESIGNATION / POSITION / TITLE</p>				