

UNIFIED APPLICATION FORM FOR NEW BUSINESS PERMIT

	Payment	
NEW	Annually	
RENEWAL	Bi-annually	
ADDITIONAL	Quarterly	

Date of Receipt _____
 Tracking Number _____
 Business ID Number _____

A. BUSINESS INFORMATION AND REGISTRATION

Please choose one Single Proprietorship One Person Corporation Partnership Corporation Cooperative

Male Female Male Female

DTI/SEC/CDA Registration Number: _____ Tax Identification Number (TIN): _____

Business Name: _____

Trade Name/Franchise (If applicable): _____

Main Office Address: House/Bldg No. _____ Name of Building _____ Lot No. _____ Block No. _____
 Street No. _____ Barangay _____ Subdivision _____
 City/Municipality _____ Province _____ Zip Code _____

Telephone No.: _____ Mobile No.: _____ Email 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: Filipino Foreign

B. BUSINESS OPERATION

Business Area (in sq. m) _____ Total No. of Employees in Establishment _____ No. of Employees _____ No. of Delivery Vehicles (If applicable) _____
 Total Floor Area (in sq. m) _____ Male _____ Female Residing within _____ Van/Truck _____ Motorcycle _____

Same as Main Office Address

Business Location Address: House/Bldg No. _____ Name of Building _____ Lot No. _____ Block No. _____
 Street No. _____ Barangay _____ Subdivision _____
 City/Municipality _____ Province _____ Zip Code _____

Owned? Yes No If Yes, Tax Declaration No. _____ or Property Identification No. _____

Total Capitalization (PH):
 0

Do you have tax incentives from any Government Entity? Yes (Please attach a copy of your certificate) No

Business Activity (Please check one): Main Office Branch Office Admin Office only Warehouse Others Pls. Specify

Line of Business	Philippine Standard Industrial Code (If Available)	Product/Services

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 **Municipality of Noveleta**. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its Implementing Rules and Regulations) and account transaction information or records with the City/Municipal 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.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE