

REQUIREMENTS FOR APPLICATION OF NEW BUSINESS PERMIT

Please fill-out the Business Permit Application Form/Unified Form (provided by BPLO) and submit together with the following requirements:

- ✓ **Proof of Registration (Original and 1 Photocopy-complete set)**
 - DTI (if Sole Proprietorship)
 - SEC Registration (if Partnership or Corporation)
 - CDA (if Cooperative)

- ✓ **Proof of right of applicant to use location as business address (Original and 1 Photocopy-complete set)**
 - Original Certificate of Title (OCT)-**CERTIFIED TRUE COPY/**
Transfer Certificate of Title (TCT) **CERTIFIED TRUE COPY – 2 copies/**
Tax Declaration
Contract to Sell -Notarized/
Deed of Sale -Notarized/
(if owned)
 - Contract of Lease and Lessor’s Business Permit **(if not owned, renting)**
-Memorandum of Agreement, or written consent of property owner **(if not owned, not renting)**

- ✓ **Location plan or sketch of the location with picture of establishment (front, right, left side view including the road, and interior view) (1 copy-complete set)**

- ___Certificate of Occupancy, if applicable (Original and 1 Photocopy)**

- OTHER REQUIREMENTS THAT MAY BE NEEDED:**

- ___Barangay Endorsement with Official Receipt (if not yet integrated)-original and 2 photocopies**
- ___ Homeowner’s Association Resolution (HOA) endorsing the project or business, if the location of the business is within a Residential Subdivision**
- ___ Updated Tax Receipt**
- ___ Market Clearance (if the business is located in public market) -original and 1 photocopy**
- ___ Franchise Agreement and Consent (if franchisee) -original and 1 photocopy**
- ___ Solid Waste Management Seminar**

- ___Certificate of Non-Coverage (CNC) from DENR (water station, junkshops, medical & dental clinic, laboratories, laundry, carwash) - 1 photocopy**
- ___Certificate from National Water Resources Board (NWRB) if source of water is deep well or Contract/Receipt from Maynilad and other water provider (for water station) - 1 photocopy**
- ___Environmental Compliance Cert. (ECC) from DENR (for industry, hospital, gasoline station, funeral homes, mall, supermarket, manufacturer, factory, poultry, piggery, other business poses potential risk/impact to environment) - 1 photocopy**
- ___Certificate of Disposal &/or MOA in Sanitary Landfill from Private Hauler (Residual Waste) for mall / fastfood chain /restaurant/ supermarket/large scale industry/factory (manufacturing)/ warehouse et.al - 2 photocopies**
- ___Certificate of Safe Disposal/MOA of Medical/infectious waste from DENR accredited hauler- 2 photocopies**
- ___Picture of Grease Trap (for restaurant, eatery, carinderia) - 1 copy**
- ___Latest Result of Microbiological Examination (for food establishment & water station) - original**
- ___Latest Result of Physico-Chemical Analysis Examination (for food establishment & water station) - original**
- ___Health Certificate of Staff: (for food establishment, water station, salon, and spa) - original**
- ___Urinalysis (1 month validity) - original**
- ___Fecalalysis (1 month validity) - original**
- ___Chest X-Ray (6 months validity) - original**
- ___Drug Test (1 year validity) - original**

REMARKS:

CHECKED/EVALUATED BY:

Signature over Printed Name

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

CITY OF IMUS



INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this form (if any) are complete and properly filled-out.

Status	Payment	Amendment	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> Annually	<input type="checkbox"/> Change Ownership	Date of Receipt _____
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Bi-annually	<input type="checkbox"/> Change Address	Tracking Number _____
<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> Quarterly		Business ID Number _____

A. BUSINESS INFORMATION AND REGISTRATION

Tax Identification Number	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	One Person Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Cooperative		
		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Others	<input type="checkbox"/>	Scope: _____
DTI/SEC/CDA Registration Number: _____					Date Issued: _____			Date Expiry: _____				
Business Name: _____												
Trade Name/Franchise (if applicable): _____												
Telephone No.: _____				Mobile No.: _____				Email Address: _____				
(For Sole Proprietorship) Name of Owner:		Surname			Given Name			Middle Name		Suffix		
Name of Corporation/ Partnership/Cooperative: _____												
For Corporation		<input type="checkbox"/> Filipino		<input type="checkbox"/> Foreign								
Owner's Address/ Principal Office Address:		House/Bldg. No. _____		Name of Building _____				Block No. _____		Lot No. _____		
Street		Subdivision _____		Barangay _____								
City/Municipality _____				Province _____				Zip Code _____				

B. BUSINESS OPERATION

Business Area (in sq.m): _____	Total No. of Employees in Establishment	No. of Employees Residing within the LGU	No. of Delivery Vehicles (if applicable)						
Total Floor Area (in sq.m): _____	Male _____	Female _____	Van/Truck _____						
			Motorcycle _____						
Business Location Address: Same as Owner's Address/Principal Office Address									
Business Location Address:		House/Bldg. No. _____		Name of Building _____		Block No. _____		Lot No. _____	
Street		Subdivision _____		Barangay _____					
City/Municipality _____				Province _____		Zip Code _____			
CITY OF IMUS		CAVITE						4103	

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

Note: Fill-up only if Business Place is Rented

Lessor's Full Name: _____

Lessor's Full Address: _____

Lessor's Full Telephone/Mobile No.: _____ Monthly Rental: _____

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

Business Activity (Please check one):		<input type="checkbox"/> Main	<input type="checkbox"/> Branch	CAPITALIZATION (FOR NEW BUSINESS)		
Line of Business	Philippine Standard Industrial Code (if Available)	Products/Services	No. of Units	Last Year's Gross Sales/Receipts		

ACCREDITATION/REGISTRATION NO.: _____ ISSUED BY: _____

FOR SCHOOL: No. of Classrooms _____ Total No. of Students Enrolled _____ Total No. of Teachers: _____

FOR HOSPITAL: Category/Level _____ Total No. of Bed _____

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 BPLO-City of Imus. 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 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. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE

REMARKS:

Total No. of Employees Fully Vaccinated: _____

II. LGU SECTION (Do Not Fill Up This Section)

1. VERIFICATION OF DOCUMENTS

Description	Office/Agency	Yes	No	Remarks	Name of the Evaluator
Occupancy Permit (For New)	Office of the Building Official				
Barangay Clearance (For Renewal)	Barangay				
Sanitary Permit/Health Clearance	City Health Office				
City Environmental Certificate	City Environment and Natural Resources Office				
Market Clearance (For Stall Holders)	Office of the City Market Administrator				
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection				

Verified by: BPLO

2. ASSESSMENT OF APPLICABLE FEES

Local Taxes	Amount Due	Name of the Evaluator/Assessor	Remarks
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboard/ Billboards			
REGULATORY FEES AND CHARGES			
Mayor's Permit Fee			
Zoning Fee			
Building Inspection Fee			
Environmental Protection Fee			
Garbage Fee			
Sanitary Inspection Fee			
Business Plate/Sticker Fee			
Delivery Trucks/Vans Permit Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard/Billboard Renewal Fee			
Storage & Sale of Combustible/ Flammable or Explosive Substance			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (15%)			

Assessed by: _____

FSIF Assessment Approved by: BFP

III. CITY/MUNICIPALITY FIRE STATION SECTION

APPLICATION NO.: _____ DATE: _____
(TO BE FILLED UP BY APPLICANT/OWNER)
 Name of Applicant/Owner: _____
 Name of Business: _____
 Total Floor Area: _____ Contact No.: _____
 Address of Establishment: _____

Signature of Applicant/Owner
Certified by:
 Customer Relations Officer _____
 Time and Date Received: _____

	FIRE SAFETY INSPECTION
	FEE ASSESSMENT:

Important Notice: As per Section 12 of the implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of the fire fighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).