

REQUIREMENTS FOR RENEWAL OF BUSINESS PERMIT

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

- ✓ ___ Previous Business Tax Order of Payment (Assessment Form)
- ✓ ___ Certificate or Sworn Declaration of Gross Sales/Financial Statement/Income Tax Returns

OTHER REQUIREMENTS THAT MAY BE NEEDED:

- ___ Barangay Endorsement with Official Receipt (if not yet integrated)-**original and 2 photocopies**
- ___ Market Clearance (**if the business is located in public market**) -**original and 1 photocopy**
- ___ Certificate of Registration/Accreditation/ License from NATIONAL AGENCY -**original and 1 photocopy**

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

A. BUSINESS INFORMATION AND REGISTRATION

Tax Identification Number	<input type="checkbox"/> Sole Proprietorship Male <input type="checkbox"/> Female	<input type="checkbox"/> One Person Corporation Male <input type="checkbox"/> Female	<input type="checkbox"/> Partnership Others	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
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	<input type="checkbox"/> YES	<input type="checkbox"/> 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:	Total No. of Teachers:
No. of Classrooms	Total No. of Students Enrolled
FOR HOSPITAL:	Total No. of Bed
Category/Level	

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

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).