



REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF IMUS

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

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 Tracking Number Business ID Number
<input type="checkbox"/> NEW	<input type="checkbox"/> Annually	<input type="checkbox"/> Change Ownership	
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Bi-annually	<input type="checkbox"/> Change Address	
<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> Quarterly	<input type="checkbox"/>	

A. BUSINESS INFORMATION AND REGISTRATION

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

B. BUSINESS OPERATION

Business Area (in sq.m):	Total No. of Employees in Establishment				No. of Delivery Vehicles	
	Total No.	PWD	Senior Citizen	Residing in LGU	Van/Truck	Motorcycle
Total Floor Area (in sq.m):	Male					
	Female				Others	
<input type="checkbox"/> Business Location Address: Same as Owner's Address/Principal Office Address						
Business Location		House/Bldg. No.	Name of Building		Block	Lot No.
Address: Street		Subdivision	Barangay		No.	
City/Municipality		Province		Zip Code		
CITY OF IMUS		CAVITE		4103		
Owned	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Tax		or Property Identification No.	
			Declaration 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?			<input type="checkbox"/> Yes (Please attach copy of your certificate) <input type="checkbox"/> No		
Business Activity (Please check one):		<input type="checkbox"/> Main	<input type="checkbox"/> Branch	CAPITALIZATION:	
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 City Government 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