



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
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> Annualy	<input type="checkbox"/> Change Ownership	_____
<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
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others
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	Corporate President: _____		
Owner's Address/ Principal	House/Bldg. No. _____	Name of Building _____		Block No. _____	Lot No. _____
Office Address:	Street _____	Subdivision _____	Barangay _____		
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 _____	_____

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. _____
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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
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Business Activity (Please check one):	<input type="checkbox"/> Main	<input type="checkbox"/> Branch	CAPITALIZATION (FOR NEW BUSINESS)
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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:
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FOR SCHOOL: No. of Classrooms _____	Total No. of Students Enrolled _____	Total No. of Teachers: _____
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FOR HOSPITAL: Category/Level _____	Total No. of Bed _____
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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