



**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 type="checkbox"/> NEW	<input type="checkbox"/> Annualy	<input type="checkbox"/> Change Ownership	_____
<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> Bi-annualy	<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	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	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 Floor Area (in sq.m): _____	Male _____	PWD _____	Senior Citizen _____	Residing in LGU _____	Van/Truck _____	Motorcycle _____
	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 No. _____	Lot No. _____	
Address: Street _____	Subdivision _____		Barangay _____			
City/Municipality	Province		Zip Code			
<b>CITY OF IMUS</b>	<b>CAVITE</b>		<b>4103</b>			
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?			<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 (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 _____
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