

TAX YEAR: 2022
CITY/MUNICIPALITY PROSPERIDAD

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.

I. APPLICATION SECTION

1. BASIC INFORMATION

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment : <input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application <input checked="" type="checkbox"/> :	DTI/SEC/CDA Registration No. <input checked="" type="checkbox"/> :			
Tax Iden. No. (TIN) <input checked="" type="checkbox"/> :	DTI/SEC/CDA Registration Date <input checked="" type="checkbox"/> :			
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
Amendment: From	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
To	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity:				
Name of Taxpayer / Registrant				
Last Name: <input checked="" type="checkbox"/>	First Name: <input checked="" type="checkbox"/>	Middle Name: <input checked="" type="checkbox"/>		
Business Name <input checked="" type="checkbox"/> :				
Trade name / Franchise				

2. OTHER INFORMATION

Note: For renewal applications, do not fill up this section unless certain information have changed.

Business Address : <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>				
Postal Code : <input checked="" type="checkbox"/>	Email Address : <input checked="" type="checkbox"/>			
Telephone No. : <input checked="" type="checkbox"/>	Mobile No. : <input checked="" type="checkbox"/>			
Owner's Address : <input checked="" type="checkbox"/>				
Postal Code : <input checked="" type="checkbox"/>				
Email Address : <input checked="" type="checkbox"/>				
Telephone No. : <input checked="" type="checkbox"/>		Mobile No. : <input checked="" type="checkbox"/>		
In case of emergency, provide name of contact person : <input checked="" type="checkbox"/>				
Telephone/Mobile No. : <input checked="" type="checkbox"/>			Email Address :	
Business Area (in sq. m.): <input checked="" type="checkbox"/>	No. of Employees in Establishment: <input checked="" type="checkbox"/>		No. of Employees Residing within LGU: <input checked="" type="checkbox"/>	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Total	<input type="checkbox"/> Male <input type="checkbox"/> Female

Note: Fill Up Only if Business Place is Rented

Lessor's Full Name: <input checked="" type="checkbox"/>	
Lessor's Home Address: <input checked="" type="checkbox"/>	
Lessor's Telephone/Mobile No.: <input checked="" type="checkbox"/>	
Lessor's Email Address: <input checked="" type="checkbox"/>	
Monthly Rental: <input checked="" type="checkbox"/>	

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization (for New Business)	Gross Sales Receipts (For Renewal)	
			Essential	Non-Essential
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. **Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.**

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE

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

1. VERIFICATION OF DOCUMENTS

Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Office of the Building Official			
Barangay Clearance (For Renewal)	Barangay (where business is located)			
Sanitary Permit/Health Clearance	City/Municipal Health Office			
City/Municipal Environment Certificate	City/Municipal ENRO			
Market Clearance (For Stall Holders)	Office of the City/Municipal Market Administrator			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by:

JOMAR M. CABUSAS, REA
LAOO 1 / BPLO In-Charge

2. ASSESSMENT OF APPLICABLE FEES

	Amount Due	Penalty/Surcharge	Total
REGULATORY FEES AND CHARGES			
Building Inspection Fee			
Business Plate			
Certificate of Landholding			
Documentary Stamp			
Fire Clearance			
Garbage Fee			
Health Sanitation Fee			
Occupation Tax			
Police Clearance			
Service Fee			
Sticker Fee			
Zoning Certification Fee			
Others			
TOTAL FEES for LGU			
FIRE SAFETY INSPECTION FEE (15%)			

Assessed by:

FSIF Assessment Approved by:

Municipal Treasurer

BFP Personnel

III. CITY/MUNICIPAL FIRE STATION SECTION

DATE: _____

APPLICATION NO.: _____
(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: _____
 Name of Business: _____
 Total Floor Area: _____ Contact No.: _____
 Address of Establishment: _____

Signature of Application/Owner

Certified by:

_____ Customer Relations Officer
Time and Date Received : _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	
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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 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).