



**REPUBLIKA NG PILIPINAS
LUNGSOD NG TARLAC
BUSINESS PERMIT AND LICENSING DIVISION
BUSINESS PERMIT APPLICATION FORM**

APPLICATION NO.

Name of Taxpayer:

Last Name:

First Name:

Middle Name:

Business Name:

Trade name/Franchise:

Name of President/Treasurer of corporation:

Last Name:

First Name:

Middle Name:

Business Address

Owner's Address

House No./Bldg.No.

House No./Bldg.No.

Building Name

Building Name

Unit No.

Unit No.

Street

Street

Barangay

Barangay

Subdivision

Subdivision

City/Municipality

City/Municipality

Province

Province

Tel. No.

Tel. No.

Email Address

Email Address

Property Index Number (PIN)

Business Area (In sqm)

If Place of Business is Retired, please specify the following:

Monthly Rental

Lessor's Name

Last Name:

First Name:

Middle Name:

Lessor's Address

House No./Bldg.No.

Barangay

Street

Subdivision

Barangay

City/Municipality

Tel. No.

Email Address

In case of emergency Contact Person:

Type of Organization

Single Proprietorship Partnership Corporation

Tel. No./Mobile Phone no./Email Address:

Business/Trade/Occupation/
Activity applied for the Year _____

New Additional

LINE OF BUSINESS	COMMODITIES/ ITEMS OR SERVICE OFFERED	CAPITALIZATION (For New Business)	FOR BUSINESS RENEWAL (Previous Year's Total Sales)				
			1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total
<input type="checkbox"/> Retailer							
<input type="checkbox"/> Wholesaler							
<input type="checkbox"/> Service							
<input type="checkbox"/> Producer							
<input type="checkbox"/> Manufacturer							
<input type="checkbox"/> Others							
Total Investments >			Total Sales >				

Office of the City Mayor by BPLO:

PRESENT NUMBER OF PERSONNEL	PRESENT NUMBER OF BILLBOARD/ SIGNBOARDS MAINTAINED	NUMBER OF SERVICE VEHICLES OPERATED (If Any)	
Professional		All the Premises	Delivery Cars/Jeeps or Vans
Non Professional	Delivery Trucks		
Others	Other Service Vehicles		

CERTIFICATION

This is to certify that all the declarations contained and made by me are true and correct to the best of my knowledge and I hereby to comply with the provisions of the Local City Tax Ordinance. It is understood that any misinterpretation of false statement herein and/or any violation on City Ordinances, rules and regulations are valid ground for the revocation of the Mayor's Permit that may be granted upon this application.

SIGNATURE OF APPLICANT OVER PRINTED NAME

CPDO

CEO

BFP

CHO

AUTHORIZATION

This is to authorized M _____, whose signature appears on the lower left portion of this page, to represent me in filling this application with the proper city offices to convey all pertinent papers relative here to.

Printed Name of Representative

Printed Name of Applicant

Signature of Representative

Date

Signature of Applicant

