



REPUBLIC OF THE PHILIPPINES

City of Parañaque

BUSINESS PERMITS AND LICENSING OFFICE



Application for Business Permit

PAYMENT MODE

Annually
Bi-Annually
Quarterly

Please check (✓) applicable box:

NEW	TRANSFER	AMENDMENT		
RENEWAL	Ownership	From Single to Partnership	From Partnership to Single	From Corporation to Single
ADDITIONAL	Location	From Single to Corporation	From Partnership to Corporation	From Corporation to Partnership

Application No.: _____ Date of Application: _____

DTI/SEC/CDC Registration No.: _____ Date Issued: _____

Kind of Organization: _____ TIN: _____ SSS No.: _____

NAME OF TAXPAYER	LAST NAME	FIRST NAME	MIDDLE NAME
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Business Name: _____

Trade Owner/Franchise/Name: _____

Name of President/Treasurer of Corporation: _____ Capitalization: _____

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:			
Business Area (in sq. m.):	No of Employees:	Female	Male	No. of Delivery/Service Vehicle/s:			
No. of Employees Residing in LGU:				Type of Vehicle/s Used:			

In case of emergency, Contact Person: _____

Tel./Mobile No./Email Address: _____

If Place of Business is Rented, please identify the following:

Lessor's Name:	LAST NAME	FIRST NAME	MIDDLE NAME	Monthly Rental:	Rent Started: (Month/Year)

Lessor's Address

House No. / Building No.: _____ Street _____ Subdivision _____ Barangay _____ City/Municipality _____

Tel. No. _____ Email Address _____

Lines of Business	Last Year/s Gross Sales/Receipts	Lines of Business	Last Year/s Gross Sales/Receipts
Manufacturer/Producer		Lessor	
Service/ Contractor		Financial Establishment	
Wholesaler		Food Establishment	
Retailer		Real Estate/Subd. Dealer	
Warehouse (Main Office Location)		Others, pls. specify	

Specify Products/Services

I/We declare under the penalty of perjury that the foregoing statements are true and correct to my/our knowledge and I/We have complied with all laws and regulations governing the establishment, maintenance and operation of my/our business. Further, I/We agree to the immediate cancellation of this permit by the Business Permits and Licensing Office and/or closure of the establishment should the BPLO discover/find any falsehood and/or misrepresentation in this application.

SIGNATURE OF APPLICANT OVER PRINTED NAME	POSITION/TITLE
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For corporation, only the responsible person (President, Chief Accountant and Corporate Secretary) should sign the form.
In case of Liaison Officer or any authorized representative, kindly present an authorization letter signed by the responsible person of the corporation.

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