



APPLICATION FORM FOR BUSINESS PERMIT  
**MUNICIPALITY OF SAN FERNANDO, CEBU**

TAX YEAR: \_\_\_\_\_

**I. APPLICATION SECTION**

*Instructions: Provide accurate information and fill-up legibly to avoid delays, incomplete application form will be returned to the applicant.*

**1. BASIC INFORMATION**

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	Mode of Payment:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application: (MM/DD/YYYY) _____ / _____ / _____			TIN No.: [ _____ - _____ - _____ ]		
DTI / SEC / Registration No.:					
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   If <u>NO</u> , specify entity?					
<b>Name of Taxpayer/Registrant</b>					
Last Name:		First Name:		Middle Name:	

Business Name:

Trade Name/Franchise:

**2. OTHER INFORMATION**

*Note: For **RENEWAL** application. Do not fill up this section unless certain information have changed.*

Business Address:					
Postal Code:			Email Address:		
Telephone No.:			Mobile No.:		
Owners Address:					
Postal Code:			Email Address:		
Telephone No.:			Mobile No.:		
In case of emergency, provide Name of contact person:					
Tel./Mobile No.:			Email Address:		
Business area (in sq. m.): [ _____ ]		Total no of employee in establishment: [ _____ ]		No. of employee residing within LGU: [ _____ ]	

*Note: Fill up only if **Business Place is Rented**.*

Lessor's Full Name:					
Lessor's Address:					
Lessor's Tel./Mobile No.:			Email Address:		
Monthly Rental:					

**3. BUSINESS ACTIVITY**

Line of Business	No. of Units	Capitalization (for NEW)	Gross/Sales (for RENEWAL)	
			Essential	Non-Essential

**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