



Republic of the Philippines
Province of Nueva Ecija
San Jose City - 3121

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

Fiscal Year: _____

TO BE FILLED-UP BY BPLO

APPLICATION TYPE

New
 Renewal
 Additional

PAYMENT MODE

Annually
 Bi-annually
 Quarterly

Date of Receipt: _____
Tracking Number: _____
Business ID No.: _____
Remarks: _____

BUSINESS INFORMATION REGISTRATION

Please choose one Sole Proprietorship One Person Corporation Partnership Corporation Cooperative
 Male Female Male Female With installed CCTV? Yes No

DTI/SEC/CDA Registration Number: _____ Tax Identification Number (TIN): _____

Business Name: _____

Trade Name/ Franchise (if applicable): _____

MAIN OFFICE ADDRESS: House/Bldg No.: _____ Name of Bldg.: _____ Lot No.: _____ Block No.: _____
Street: _____ Barangay: _____ Subdivision: _____
City/Municipality: _____ Province: _____ Zip Code: _____

Telephone No.: _____ Mobile No.: _____ Email Address: _____

(For Sole Proprietorship) Name of Owner	Surname	Given Name	Middle Name	Suffix
(For Corp./Part./Coop.) Name Of President/ Officer in Charge:	Surname	Given Name	Middle Name	Suffix

For Corporation: Filipino Foreign

BUSINESS OPERATION

Business Area (in sq.m): _____ Total Number of Employees in Establishment _____ No of Employees Residing _____ Number of Delivery Vehicles (if applicable) _____
Total Floor Area (in sq.m): _____ Male: _____ Female: _____ Within San Jose: _____ Van/Truck: _____ Motorcycle: _____

Same as Main Office Address

BUSINESS ADDRESS House/Bldg No.: _____ Name of Bldg.: _____ Lot No.: _____ Block No.: _____
Street: _____ Barangay: _____ Subdivision: _____
City/Municipality: _____ Province: _____ Zip Code: _____

Owned? Yes No If Yes, tax Declaration No. _____ or Property Identification No.: _____

Do you have tax incentives from any Government Entity? Yes (please attach a copy of your certificate) No

Business Activity (please check one): Main Office Branch Office Admin Office Only Warehouse Others (please specify) _____

Total Capital Investment (Paid up Capital + Lease Expenses + Equipments):

Line of Business	Philippine Standard Industrial Code (if available)	Products/Services	No. Of Units	Last Year's Gross Sales/Receipts

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 San Jose City Government. 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 2021 and it 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.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE

Recommending Approval:

CHRISTOPHER R. PABALAN
License Officer III

SUBSCRIBED AND SWORN TO BEFORE ME
this _____ day of _____ 20____
the applicant exhibiting his her Community Tax Certificate

CTC No.: _____
Issued on: _____
Issued at: _____

HON. MARIO O. SALVADOR
City Mayor

C. VERIFICATION OF DOCUMENTS (Appropriate department shall fill-up this section)							
DESCRIPTION	OFFICE AGENCY	COMPLIANCE			REMARKS	EVALUATED BY	DATE
		Y	N	NR			
<input type="checkbox"/> Land Tax Certification	Land Tax Division						
<input type="checkbox"/> Public Market Certification	City Public Market						
<input type="checkbox"/> Zoning Clearance	City Planning & Dev't. Office						
<input type="checkbox"/> Occupancy Permit (for new)	City Engineering Office						
<input type="checkbox"/> Health and Sanitary Permit	City Health Office						
<input type="checkbox"/> Tourism Clearance	City Tourism Office						
<input type="checkbox"/> CENRO Clearance	CENRO						
<input type="checkbox"/> Veterinary Clearance	City Veterinary Office						
<input type="checkbox"/> Fire Safety Inspection Certificate	City Fire Department						
<input type="checkbox"/> SSS Clearance	SSS						
<input type="checkbox"/> Phil-Health Clearance	Phil-Health						
<input type="checkbox"/>							
<input type="checkbox"/>							

*Y – Yes *N – No *NR – Not Required

Supporting papers examined and verified:

Approval recommended by:

CHRISTOPHER R. PABALAN
License Officer III

ENGINEERING FEES	AMOUNT
1. Mechanical Fee	
2. Plumbing Fee	
3. Electrical Fee	
4. Signboard Fee	
5. Annual Inspection Fee	
6. Electronics	
TOTAL	

REMARKS & OTHER REQUIREMENTS				
<hr/> <hr/> <hr/>				
CLIENT FEEDBACK SECTION (Check "✓" the box which corresponds to your level of satisfaction)				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unsatisfactory
Comments and Suggestions				

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<input type="checkbox"/> Zoning Clearance	City Planning & Dev't. Office						
<input type="checkbox"/> Occupancy Permit (for new)	City Engineering Office						
<input type="checkbox"/> Health and Sanitary Permit	City Health Office						
<input type="checkbox"/> Tourism Clearance	City Tourism Office						
<input type="checkbox"/> CENRO Clearance	CENRO						
<input type="checkbox"/> Veterinary Clearance	City Veterinary Office						
<input type="checkbox"/> Fire Safety Inspection Certificate	City Fire Department						
<input type="checkbox"/> SSS Clearance	SSS						
<input type="checkbox"/> Phil-Health Clearance	Phil-Health						
<input type="checkbox"/>							
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