

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

## UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

| EVA ECT  | TCE * INTEGRI            |   |   | Fis                                 | scal \                | Year:  |                              |                                    |   | Т                                | O BE FILLED-UP BY   | BPLO  |                        |
|--|--------------------------|---|---|-------------------------------------|-----------------------|--|------------------------------|------------------------------------|---|----------------------------------|---|---|------------------------|
| APPLICATION TYPE   |                          | PAYMI   | ENT MODE  |                                     |                       |  |                              |                                    | Date of F   |                                  |   |   |                        |
| New  |                          | A   | nnually   |                                     |                       |  |                              |                                    | Tracking N  | lumb                             | ·<br>ver:   |   |                        |
| Renewal  |                          | <del></del>                                     | i-annually  |                                     |                       |  |                              |                                    | Business  |                                  | -   |   |                        |
| Additional   |                          | <del></del>                                     | Quarterly   |                                     |                       |  |                              |                                    |   | emar                             |   |   |                        |
| BUSINESS INFOR   | MAT                      |   | ,   | NI.                                 |                       |  |                              |                                    | 110   | Jiii Cai                         | no.   |   |                        |
|  | $\overline{}$            |   |   |                                     | Dava                  | on Corneration   |                              | Dortner                            | ahia  |                                  | Corneration   | Cooperative                                 |                        |
| Please choose one  |                          | Sole Proprietorsh                               | nip   | Une                                 | Pers                  | on Corporation   |                              | Partner                            | snip  |                                  | Corporation   | Cooperative                                 |                        |
|  | <u>—</u>                 | Male Fem  | nale  | Male                                | е                     | Female   |                              |                                    |   |                                  | With installed CCTV?  | Yes   | No                     |
| DTI/SEC/CDA Registration N   | umber                    |   |   |                                     |                       | Tax lo   | dentification                | on Number                          | r (TIN):  |                                  |   |   |                        |
| Business Name:   |                          |   |   |                                     |                       | l  |                              |                                    |   |                                  |   |   |                        |
| Trade Name/ Franchise (if ap   | plicabl                  | e):   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
| MAIN OFFICE ADDRESS:   | Hou                      | se/Bldg No.:                                    | N   | lame of Bld                         | lg.:                  |  |                              |                                    | Lot No.   |                                  | Block N   | 0.:   |                        |
| Street:  |                          |   |   | Barangay                            |                       |  |                              |                                    | Subdivision                                       | on:                              |   |   |                        |
| City/Municipa  | litv:                    |   | _   |                                     |                       | Pro  | vince:                       |                                    |   |                                  | Zip Code:   |   |                        |
| Telephone No.:   | iity.                    |   | Mobile N  | lo.:                                |                       | 110  | VIIIOC.                      | Er                                 | mail Address:                                     |                                  | <u> </u>  |   |                        |
| I e.   | ırname                   | <u> </u>  |   |                                     | Civ                   | ven Name   |                              |                                    |   |                                  | Middle Name   |   | Suffix                 |
| Name of Owner  |                          |   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
| (For Corp./Part./Coop.) Name Of President/ Officer in Charge:  | ırname                   | )   |   |                                     | Giv                   | ven Name   |                              |                                    |   |                                  | Middle Name   |   | Suffix                 |
| For Corporation:   | Filipi                   | ino   | Foreign   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
| BUSINESS OPERA   | ATIC                     | N   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
| Business Area (in sq.m):   |                          | То  | otal Number of                                    | Employees                           | in Es                 | stablishment   | No of                        | Employee                           | es Residing                                       |                                  | Number of Delivery Ve   | hicles (if application                      | able)                  |
| Total Floor Area (in sq.m):  |                          | M   | fale:   | Fen                                 | nale:                 |  | Withi                        | n San Jose                         | e:  |                                  | Van/Truck:  | Motorcycle:                                 |                        |
| Same as Main Off   | fice Ad                  | dress   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
| BUSINESS ADDRESS   | Hous                     | se/Bldg No.:                                    | N   | ame of Bld                          | g.:                   |  |                              |                                    | Lot No.   | :                                | Block N   | 0.:   |                        |
| Street:  |                          |   |   | Barangay:                           |                       |  |                              |                                    | Subdivision                                       | on                               |   |   |                        |
| City/Municipa  | lity:                    |   |   |                                     |                       | Pro  | vince:                       |                                    |   |                                  | Zip Code:   |   |                        |
| Owned? Yes   |                          | No  | If Yes, tax De                                    | eclaration N                        | lo.                   |  |                              | (                                  | or Property Ident                                 | ificatio                         | on No.:   |   |                        |
| Do you have tax incentives from  | om any                   | y Government Er                                 | ntity?  | Yes (                               | please                | e attach a copy of   | f your cert                  | ificate)                           |   | No                               |   |   |                        |
| Business Activity (please che  | ck one                   | e): Main C                                      | Office  | Branch (                            | Office                | Admi   | n Office C                   | Only                               | Warehouse   |                                  | Others (please specify  | <b>'</b> )                                  |                        |
| Total Capital Investme   | nt (Pa                   | aid up Capita                                   | al + Lease E                                      | xpenses                             | s + E                 | quipments):  |                              |                                    |   |                                  |   |   |                        |
| Line of Business   |                          |   |   | e Standa<br>rial Code<br>railable)  |                       | Products   | es                           | No. Of Units                       |   | Last Year's Gross Sales/Receipts |   |   |                        |
|  |                          |   | (" "  | unubioj                             |                       |  |                              |                                    |   |                                  |   |   |                        |
|  |                          |   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
|  |                          |   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
|  |                          |   |   |                                     |                       |  |                              |                                    |   |                                  |   |   |                        |
| I DECLARE UNDER P<br>records submitted to the<br>for appropriate legal ac<br>2021 and it Implements<br>shared to requesting pa | e Sar<br>tion a<br>ing R | n Jose City G<br>against me ar<br>Jules and Reg | Sovernment.<br>nd automati<br><i>gulations)</i> a | Any fals<br>cally revo<br>and accou | e or<br>okes<br>unt t | misleading information the permit. It is ransaction information information in the second sec | formation<br>hereby ormation | n supplie<br>agree than<br>or reco | ed, or product<br>at all persona<br>ords with the | ion c<br>I dat<br>City           | of fake/ falsified docun<br>a (as defined under to<br>Government may be | nents shall b<br>he Data Priv<br>processed, | e grounds<br>acy law o |
| SIGNATURE OF APPLI   | CANT/                    | OWNER OVER                                      | PRINTED NA  | ME                                  |                       |  |                              |                                    |   |                                  |   |   |                        |
| DESIGN   | ATION                    | /POSITION/TITL                                  | LE  | F                                   | Recon                 | mmending Approv  | al:                          |                                    | this  | SUB                              | SCRIBED AND SWORN T<br>_ day of   |   |                        |
| OTO N  |                          |   |   | _                                   |                       | OUDIOTOS   | . D. C                       | A1 A2                              | the a   | applic                           | ant exhibiting his her Comn   | nunity Tax Certi                            | ficate                 |
| CTC No.:   |                          |   |   | -                                   |                       | CHRISTOPHER<br>License (   |                              | ALAN                               |   |                                  |   |   |                        |
| Issued at:   |                          |   |   | -                                   |                       |  |                              |                                    |   |                                  | HON. MARIO O. SALV  | /ADOR                                       |                        |

6. Electronics

**TOTAL** 

| C. VERIFICATION OF DOCU  | JMENTS (Appropriate departme  |   |              |            |           |                          |               |  |  |
|--|---|---|--------------|------------|-----------|--------------------------|---------------|--|--|
| DESCRIPTION  | OFFICE  | COMPLIANO   |              |            | REMARKS   |                          | EVALUATED     | BY DATE  |  |
| ☐ Land Tax Certification   | Land Tax Divisi   | Y   | N            | NR         |           |                          |               |  |  |
| □ Public Market Certification  | City Public Mar   | +   |              |            |           |                          |               |  |  |
| ☐ Zoning Clearance   | City Planning &   |   |              |            |           |                          |               |  |  |
| ☐ Occupancy Permit (for new)   | City Engineering Office   |   |              |            |           |                          |               |  |  |
| ☐ Health and Sanitary Permit   | City Engineerin   |   |              |            |           |                          |               |  |  |
| ☐ Tourism Clearance  | City Treattr On   |   |              |            |           |                          |               |  |  |
| ☐ CENRO Clearance  | CENRO   |   |              |            |           |                          |               |  |  |
| ☐ Veterinary Clearance   | City Veterinary   | Office  |              |            |           |                          |               |  |  |
|  | <u> </u>  |   | <u> </u>     |            |           |                          |               |  |  |
| ☐ Fire Safety Inspection Certificate   | City Fire Depar   |   |              |            |           |                          |               |  |  |
| □ SSS Clearance  | SSS   |   |              |            |           |                          |               |  |  |
| ☐ Phil-Health Clearance  | Phil-Health   |   |              |            |           |                          |               |  |  |
|  | <del> </del>  |   |              |            |           |                          |               |  |  |
| *Y - Yes *N - No * NR - Not Required   |   |   |              |            |           |                          |               |  |  |
| ·  |   |   |              |            |           |                          |               |  |  |
| Supporting papers examined and verified:   |   |   |              |            |           |                          | App           | roval recommended by:  |  |
|  |   |   |              |            |           |                          |               | OUDIOTORUED D. DA  | 241.431  |
|  |   |   |              | -          |           |                          |               | CHRISTOPHER R. PAI<br>License Officer II                                 |  |
| ENGINEERING FEES AMOU  | INT   | REMARKS   | ጸ OT         | HFR        | RFO       | UIREMENTS                |               |  | •  |
| 1. Mechanical Fee  | ,,,,,   | ILIVIANNO   | 401          | IILIX      | IVE W     | OIIVEIVILIAIO            |               |  |  |
| Plumbing Fee   |   |   |              |            |           |                          |               |  |  |
| 3. Electrical Fee  |   |   |              |            |           |                          |               |  |  |
| Signboard Fee  |   |   |              |            |           |                          |               |  |  |
| Annual Inspection Fee  | —— h  | CI IENT EE  | EDB A        | CK         | SECT      | ION (Check "" the box wh | ich corrector | ada ta vour loval of actisfo   | otion)   |
| 6. Electronics   |   | □ Excellent   | -            |            | y Satisfa |                          |               |  | Unsatisfactory                                 |
|  |   | Comments and  |              | _ vei      | y Salisia | ictory                   | י ט ן         | leeus improvement  |  |
| TOTAL  |   | Suggestions   |              |            |           |                          |               |  |  |
|  |   |   |              |            |           |                          |               |  |  |
| As per ARTA,DTI, DILG and DICT JMC No. 1, S  C. VERIFICATION OF DOCU   |   |   |              |            |           |                          |               |  |  |
| DESCRIPTION  | OFFICE AGENCY   |   | nt shall fil | I-up this  | s section | )                        |               | Accom  | Page 2 of 2<br>oplish in duplicate copy        |
| ☐ Land Tax Certification   | OFFICE  |   | COM          | IPLIA      | NCE       | REMARKS                  |               | Accom<br>EVALUATED   | plish in duplicate copy                        |
| ☐ Land Tax Certification ☐ Public Market Certification   |   | AGENCY  |              |            |           |                          |               |  | plish in duplicate copy                        |
| TEL PUDIIC Marker Certification  | Land Tax Divisi   | AGENCY  | COM          | IPLIA      | NCE       |                          |               |  | plish in duplicate copy                        |
|  | Land Tax Divisi<br>City Public Mar  | AGENCY<br>ion<br>ket                                | COM          | IPLIA      | NCE       |                          |               |  | Page 2 of 2 opplish in duplicate copy  BY DATE |
| ☐ Zoning Clearance   | Land Tax Divisi<br>City Public Mar<br>City Planning &   | ion<br>ket<br>Dev't. Office                         | COM          | IPLIA      | NCE       |                          |               |  | plish in duplicate copy                        |
| ☐ Zoning Clearance ☐ Occupancy Permit (for new)  | Land Tax Divisi<br>City Public Mar<br>City Planning &<br>City Engineerin  | ion rket La Dev't. Office                           | COM          | IPLIA      | NCE       |                          |               |  | plish in duplicate copy                        |
| □ Zoning Clearance □ Occupancy Permit (for new) □ Health and Sanitary Permit   | Land Tax Divisi<br>City Public Mar<br>City Planning &<br>City Engineerin<br>City Health Offi  | ion ket Dev't. Office ng Office                     | COM          | IPLIA      | NCE       |                          |               |  | plish in duplicate copy                        |
| □ Zoning Clearance     □ Occupancy Permit (for new)     □ Health and Sanitary Permit     □ Tourism Clearance   | Land Tax Divisi<br>City Public Mar<br>City Planning &<br>City Engineerin<br>City Health Offi<br>City Tourism O  | ion ket Dev't. Office ng Office                     | COM          | IPLIA      | NCE       |                          |               |  | plish in duplicate copy                        |
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| □ Zoning Clearance □ Occupancy Permit (for new) □ Health and Sanitary Permit □ Tourism Clearance □ CENRO Clearance □ Veterinary Clearance □ Fire Safety Inspection Certificate   | Land Tax Divisi City Public Mar City Planning & City Engineerin City Health Offi City Tourism O CENRO City Veterinary City Fire Depar                 | ion ket Dev't. Office g Office ice Office           | COM          | IPLIA      | NCE       |                          |               |  | plish in duplicate copy                        |
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| □ Zoning Clearance □ Occupancy Permit (for new) □ Health and Sanitary Permit □ Tourism Clearance □ CENRO Clearance □ Veterinary Clearance □ Fire Safety Inspection Certificate □ SSS Clearance □ Phil-Health Clearance □ Phil-Health Clearance □ *Y - Yes *N - No * NR - Not Required  Supporting papers examined and verified:  ENGINEERING FEES AMOU  1. Mechanical Fee 2. Plumbing Fee 3. Electrical Fee  | Land Tax Divisi City Public Mar City Planning & City Engineerin City Health Offi City Tourism O CENRO City Veterinary City Fire Depar SSS Phil-Health | ion ket Dev't. Office og Office ice office trment   | COM          | IPLIA<br>N | NCE<br>NR | REMARKS                  |               | EVALUATED  oval recommended by:  CHRISTOPHER R. PAI                      | BY DATE  BALAN                                 |
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□ Excellent

Comments and

Suggestions

□ Very Satisfactory □ Satisfactory

□ Needs Improvement

☐ Unsatisfactory