



Republic of the Philippines
City of Cadiz
OFFICE OF THE CITY MAYOR

APPLICATION FORM FOR BUSINESS PERMIT

INSTRUCTIONS:

- 1 Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
- 2 Ensure that all documents attached to this form (if any) are complete and properly filled out.

1. APPLICANT SECTION

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:			DTI/SEC/CDA Registration No.:		
TIN No.:			DTI/SEC/CDA Date of Registration:		
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 Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity?					

Last Name:	First Name	Middle Name
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Businessname:

Trade name/Franchise:

2. OTHER INFORMATION

Business Address:

Postal Code:	Email Address :
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Telephone No. :	Mobile No.:
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Owner's Address:

Postal Code:	Email Address :
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Telephone No. :	Mobile No.:
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In case of emergency, provide name of contact person:

Telephone / Mobile No.:	Email Address :
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Business Area (in sq m):	Total No. of Employees in Establishment:	No. of Employees Residing within LGU:
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Note: Fill Up Only If Business Place is Rented

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full Telephone/Mobile No. :

Lessor's Email Address:

Monthly Rental :

3. BUSINESS ACTIVITY

Line of Business	No. Of Units	Capitalization business) (for new	Gross Sales/Receipts (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