



# UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

## CITY OF CANDON, ILOCOS SUR

### TAX YEAR \_\_\_\_\_

☎ 0917-1487046

✉ bplo.candoncity@gmail.com

**STATUS:**

- New
- Renewal
- Additional

**PAYMENT MODE:**

- Annually
- Semi-Annually
- Quarterly

Date of Receipt: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Business ID Number: \_\_\_\_\_

### A. BUSINESS INFORMATION AND REGISTRATION

Please choose one: <input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> One Person Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female				
DTI/SEC/CDA Registration No. _____		Tax Identification Number (TIN): _____		SSS/Philhealth/Pag-ibig Nos. _____	
<b>Business Name (for Single Prop) or Corporate Name (for Corp):</b> _____					
Trade Name/Franchise (if applicable): _____					
<b>Main Office Address:</b>		House/Bldg. No. _____	Name of Building _____	Lot No. _____	Block No. _____
Barangay _____		City/Municipality: _____		Province: _____	Zip Code: _____
Telephone No. _____	Mobile Number: _____	Email Address: _____			
<b>(For Sole Proprietorship)</b>		Surname _____	Given Name _____	Middle Name _____	Suffix _____
Name of Owner: _____					
<b>Home Address:</b>		House/Bldg. No. _____	Name of Building _____	Lot No. _____	Block No. _____
Barangay _____		City/Municipality _____		Province: _____	Zip Code: _____
Telephone No. _____	Mobile Number: _____	Email Address: _____			
<b>(For Corporation/Cooperative/Partnership)</b>		Surname _____	Given Name _____	Middle Name _____	Suffix _____
Name of President/Officer in Charge: _____					

### B. BUSINESS OPERATION

Business Area (in sq.m.) _____	Total No. of Employees in Establishment	No. of Employees residing within LGU	No. of delivery vehicles (if applicable)
Total Floor Area (in sq. m.) _____	____ Male      ____ Female	_____	____ Van/Truck      ____ Motorcycle
<input type="checkbox"/> Same as Main Office Address			
<b>Business Location Address:</b>		House/Bldg. No. _____	Name of Building _____
Street: _____		Barangay: _____	Subdivision: _____
City/Municipality: _____		Province: _____	Zip Code: _____
Owned? <input type="checkbox"/> Yes	If Yes, Tax Declaration No. _____ or Property Identification No. _____		
<input type="checkbox"/> No	Lessor's Full Name: _____		Monthly Rental: _____
	Lessor's Full Address: _____		
	Lessor's Email Address: _____		

Do you have tax incentives from any government entity?  Yes, please attach a copy of your certificate  No

Do you have any post-paid internet connection in your office?  Yes  No

### BUSINESS ACTIVITY

(Pls. check one) <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Warehouse <input type="checkbox"/> Others, pls specify _____					
Line of Business	Phil Standard Industrial Code (if available)	Product/Services	No. of Units	Capitalization (For New/Additional)	Last Year's Gross Sales/Receipts (For Renewal)

I declare under penalty of perjury that all information in this application are true and correct on my personal knowledge and authentic records, submitted to the LGU - City of Candon. 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 2012 and its Implementing Rules and Regulations) and account transaction information or records with the City Government may be processed, profiled or shared to requesting parties of 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