



REPUBLIC OF THE PHILIPPINES
PASIG CITY
BUSINESS PERMITS AND LICENSING OFFICE



UNIFIED BUSINESS APPLICATION FORM

Type of Application	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Retirement <input type="checkbox"/> Amendment	Date of Application (mm/dd/yyyy):
Mode of Payment	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annually	Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Kind of Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	Delivery Options: <input type="checkbox"/> Pick up <input type="checkbox"/> Courier with Fee

GENERAL INSTRUCTIONS:
 (1) For Mayor's/Business Permit RENEWAL or RETIRING Businesses, kindly fill-up items in Sections "A" and "C" only;
 (2) For NEW Businesses, please fill-up all appropriate items/information. Quarterly mode of payment only for current year of operation.
 (3) For AMENDMENT OF BUSINESS DATA, fill up Section A and applicable fields for revision.

A. BUSINESS RENEWAL INFORMATION

Business Name/Trade Name:	Business ID No.:
Contact No.:	Email Address:

B. NEW BUSINESS INFORMATION AND REGISTRATION

DTI/SEC/CDA Reg. No.:	Tax Identification Number (TIN):				
Name of Applicant:	For Single Proprietor: <input type="checkbox"/> Male <input type="checkbox"/> Female	Landline No.:	Mobile No.:	E-mail Address:	
For Individual - Last Name:	First Name	Middle Name	Suffix		
For Corporation/Partnership/Cooperative:				<input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office	
Business Name:					
Trade Name/Franchise Name (if applicable):					
Name of Corporate President/CEO/Treasurer:	Landline No.:	Mobile No.:	E-mail Address:		
Business Address		Owner's Address			
House/Unit No./Building No./Building Name:		House/Unit No./Building No./Building Name:			
Lot No./Block No./Street/Phase No./Subdivision:		Lot No./Block No./Street/Phase No./Subdivision:			
Barangay:		Barangay:			
Town/City/Province: Pasig City, NCR		Town/City/Province:			
Business Data:	Area used >>>	Admin Office Area (in sq. m.)	Virtual Office Area(sq. m.)	Common Area(in sq. m.)	Parking Area(in sq. m.)
Actual No. of Employees>>	Total:	No. of Employees: Male: Female:	No. of Employees Residing in Pasig City:	No. of Employees Working From Home:	
Signboard(in sq. m.)>>	Neon:	Non-Neon:	One-Faced:	Double Faced:	For CTC Purpose: If principal office w/in Pasig (Corporation) Assessed value of Real Properties w/in the Philippines. Php If individual resides in Pasig previous year compensation/professional income if any (profession) Php
Delivery Vehicles>>	Del. Truck/Van:	Tricycle:	Motorcycle:	Pedicab:	

C. DECLARATIONS

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

BUSINESS ACTIVITY LINE OF BUSINESS	PSIC (per BIR Reg.)	Capitalization in New Business	GROSS SALES / RECEIPTS		For Lessors Only	
			Previous Declaration	Current Declaration	No. of Unit/s	Area used(sq.m)
		Php	Php	Php	<input type="text"/>	Commercial <input type="text"/>
		Total Investment or Paid-up Capital			<input type="text"/>	Residential <input type="text"/>
						For those using Weights and Measures
					No. of Weighing Scales	<input type="text"/>
					No. of Nozzles for Gas Station	<input type="text"/>

Please attach additional sheets, if necessary.

D. LESSOR'S INFORMATION

If place of business is being rented, please identify the following Lessor's Information:					Monthly Rental
Last Name/Corporate Name of Lessor			First Name	Middle Name	
Lessor's Complete Address:		Unit/Room/Floor/Bldg. No.	Building Name/Tower	Lot/Block/Phase/House/Bldg. No.	Street Name
Subdivision/Village/Zone	Barangay	Town/District	Municipality/City	Province	ZIP
Tax Declaration No. of Property used in business:		Assessed Value of Property/ies used in Business:			Occupancy Permit No.

I hereby Declare and affirm that 1)the information provided in this application is true and correct. 2) The supporting documents attached are valid and 3) I consent to the verification by the BPLO the information I provided to establish our business particulars, and further consent to it's use for lawful purpose. 4) I am aware that the information provided in this application will be treated in accordance and relevant privacy regulations. 5) I am aware that making false statements in this application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application of Business Permit.

Print Name and Signature of Applicant/Representative/Position/Title

Note : kindly attach Valid ID of Applicant

: If representative, kindly attach Authorization Letter and Valid ID of Applicant and Representative

Schedule of Payment

Jan.4-Jan.20(1st Qtr) Jul.1-Jul.20(3rd Qtr)

Apr.1-Apr.20(2nd Qtr) Oct.1-Oct.20(4th Qtr)