



Republic of the Philippines
Province of Rizal
MUNICIPALITY OF TERESA

OFFICE OF THE MAYOR
BUSINESS PERMIT AND LICENSING SECTION

BUSINESS PERMIT APPLICATION

<input type="checkbox"/> New	Transfer: <input type="checkbox"/> Ownership	Mode of Payment: <input type="checkbox"/> Annually			
<input type="checkbox"/> Renewal	<input type="checkbox"/> Location	<input type="checkbox"/> Semi-Annually			
<input type="checkbox"/> Additional		<input type="checkbox"/> Quarterly			
Amendment: <input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> From Corporation to Single					
<input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Partnership					
Application No.:		DTI/SEC/CDA Registration No.:			
Date of application:		DTI/SEC/CDA Date of Registration:			
Business Plate No.:		TIN:			
Are you enjoying Tax Incentive from any Government Entity? () Yes () No					
Please specify the entity					
Name of Taxpayer: Last Name:		First Name: Middle Name:			
Business Name:					
Trade Name/Franchise:					
Name of President/Treasurer of Corporation:					
Business Address:		Owner's Address:			
Building Name:					
Tel. No.:					
email Address:		Tel. No.:			
Property Index No. (PIN):		email Address:			
Business Area (in sq.m.)	Total No. of Employees in Establishment:	Total No. of employees residing in LGU:			
If place of business is rented, please identify the following:		No. of Vehicles:			
Lessor's Name:		Monthly Rental:			
Lessor's Address:		Tel. No.:			
In case of emergency, contact person:					
Tel. No./Mobile No./email Address:					
Business Activity		No. of Units	CAPITALIZATION (for new business)	Gross Sales Receipt (for renewal)	
Line of Business				Essential	Non-essential
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Learning Institution				
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Financial Institution				
<input type="checkbox"/> Retailer	<input type="checkbox"/> Restaurant/Carinderia				
<input type="checkbox"/> Services	<input type="checkbox"/> Lessor of Real Estate				
<input type="checkbox"/> Contractor	<input type="checkbox"/> Others:				
<p><i>I undertake to comply with the regulatory requirements and other deficiencies _____</i></p> <p><i>within _____ days from the release of the business permit.</i></p>					
_____ SIGNATURE OF APPLICANT OVER PRINTED NAME			_____ POSITION/TITLE		
CHECKLIST OF REQUIREMENTS FOR BUSINESS PERMIT APPLICATION					
<input type="checkbox"/> 1. Duly Accomplished Application Form	<input type="checkbox"/> 11. BIR Tax Return Payment Certificate/VAT Payment				
<input type="checkbox"/> 2. Barangay Business Permit	<input type="checkbox"/> 12. Certificate of Tax Exemption				
<input type="checkbox"/> 3. Zoning Clearance/Building Inspection Certificate	<input type="checkbox"/> 13. Homeowner's Endorsement (business inside subdivision)				
<input type="checkbox"/> 4. Community Tax Certificate	<input type="checkbox"/> 14. Working/Occupational Permit				
<input type="checkbox"/> 5. Occupancy Permit	<input type="checkbox"/> 15. DTI/SEC/CDA Registration				
<input type="checkbox"/> 6. Environmental Permit Certificate	<input type="checkbox"/> 16. SSS Certificate				
<input type="checkbox"/> 7. Sanitary Permit	<input type="checkbox"/> 17. Tax Clearance from the Municipal Treasurer's Office				
<input type="checkbox"/> 8. Fire Safety Inspection Certificate	<input type="checkbox"/> 18. Others:				
<input type="checkbox"/> 9. Contract of Lease/copy of lessor's Mayor's Permit					
<input type="checkbox"/> 10. Previous year Mayor's Business Permit and Official Receipt	Evaluated by: _____				
Instructions:					
1. Provide accurate information and print legibly to avoid delays. Incomplete information will be returned to the applicant.					
2. Ensure that all documents attached to this application form are completely and properly filled up.					