



Republic of the Philippines  
Province of Rizal

**MUNICIPAL GOVERNMENT OF TERESA**  
**OFFICE OF THE MUNICIPAL TREASURER**  
Business Permit and Licensing Section

**BUSINESS PERMIT APPLICATION FORM**

**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. BASIC INFORMATION**

<input type="checkbox"/> New	<input checked="" 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:		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	Transfer:	<input type="checkbox"/> Ownership
To:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		<input type="checkbox"/> Location
Are you enjoying tax incentive from any government entity: <input type="checkbox"/> Yes, specify the entity _____					

**NAME OF TAXPAYER/REGISTRANT**

Last Name:	First Name:	Middle Name:
Business Name:		
Trade Name/Franchise:		

**2. OTHER INFORMATION**

Business Address:			
Home Address:			
Mobile No.:		Email Address:	
Total No. of Employees in the establishment	No. of Employees residing in Teresa	No. of Delivery Vehicles	Business Area (sq.m.)
In case of emergency, provide name of contact person:			
Address:		Mobile No.:	

**NOTE: FILL UP ONLY IF BUSINESS PLACE IS RENTED:**

Lessor's Full Name:
Lessor's Full Address:
Lessor's Telephone/Mobile No.:
Lessor's E-mail Address:
Monthly Rental:

**3. BUSINESS ACTIVITY**

LINE/S OF BUSINESS	No. of Units	Capitalization (For New Business)	GROSS SALES/RECEIPTS	
			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 with the regulatory requirements and other deficiencies within 30 days from release of business permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

\_\_\_\_\_  
POSITION/TITLE

**VERIFICATION OF DOCUMENTS**

**NEW APPLICATIONS**

- 1. 2x2 picture 2 pcs.
- 2. Location plan or sketch plan
- 3. Picture of business establishment
- 4. Power of Attorney/Authorization letter if applicant is not the business owner
- 5. Duly notarized application form
- 6. Business Name Registration
  - Sole Proprietorship: Department of Trade and Industry (DTI)
  - Partnership/Corporation: Securities And Exchange Commission (SEC)
  - Cooperatives: Cooperative Development Authority (CDA)
- 7. Original/Transfer Certificate of Title (OCT/TCT)
- 8. Locational Clearance
- 9. Environmental Permit to Operate
- 10. Sanitary Permit
- 11. Occupancy Permit
- 12. Community Tax Certificate (Sedula)
- 13. Lessor’s Business Permit, if place of business is rented
- 14. Contract of Lease, if place Of business is rented
- 15. Fire Safety Inspection Certificate
- 16. Other local/national agency clearance (if needed)

**FOR RENEWAL**

- 1. Power of Attorney/Authorization Letter if applicant is not the business owner
- 2. Lessor’s Business Permit, if place of business is rented
- 3. Contract of Lease, if place of business is rented
- 4. Community Tax Certificate (Sedula)
- 5. Sanitary Permit, if business is food related and high-risk establishments
- 6. Environmental Permit to Operate for high-risk establishments
- 7. Proof of Gross Sales/Receipts for the preceeding year
  - Audited Financial Statement
  - BIR Form 1701Q or 2551Q
- 8. Fire Safety Inspection Certificate
- 9. Other local/national agency clearance (if needed)
- 10. Previous year business permit and tax order of payment (assessment)

Verified by:

\_\_\_\_\_

BPLS Staff

Date: \_\_\_\_\_

**ASSESSMENT OF APPLICABLE FEES**

TAX, FEES AND CHARGES	Amount	Assessed by: (Printed Name)	Signature
Business Tax			
Credit			
Differential			
Mayor’s Permit			
Garbage Fee			
Sanitary Inspection Fee			
Health Certificate			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Environmental Fee			
Signboard/Billboard			
Storage of Flammable Substance			
Zoning Clearance			
Occupational/Working Permit			
Business Plate			
Sticker			
Delivery Trucks/Van/Vehicles			
Weights and Measures (Calibration Fee)			
Others			
Total Fees for LGU			
Fire Safety Inspection Fee			

Assessed by:

FSIF Approved By:

**JOMAR F. SAN JUAN**  
Licensing Officer

\_\_\_\_\_