



# UNIFIED BUSINESS PERMIT APPLICATION FORM

- NEW  AMENDMENT  
 RENEWAL  SHORT TERM/SPECIAL PERMIT

CLEARANCE FOR: \_\_\_\_\_  
FISCAL YEAR: \_\_\_\_\_

**To be filled up by BPLS:**

Date of Receipt: \_\_\_\_\_  
Application Number: \_\_\_\_\_  
Philippine Standard Industrial Code: \_\_\_\_\_

## GENERAL INSTRUCTIONS:

- Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (UPPER CASE, CAPITAL LETTER). All required data fields/information should be completely and clearly filled-out by the applicant.
- Please ensure that ALL required documents are properly attached and fill out ALL necessary information. Incomplete data on application form and/or requirements will be returned to the applicant / will not be processed.

## A. BASIC DOCUMENTARY REQUIREMENTS

- 2x2 Picture of the Business Owner (2 copies)  Proof of Business Name Registration (DTI for Sole Proprietorship, SEC for Corporations and Partnership, CDA for Cooperatives)
- Location/Sketch Plan (2 copies)  Lessor's Business Permit (if rented) (2 copies)
- Picture of the Business Establishment (2 copies)  Notarized Contract of Lease (if rented) (2 copies)
- Special Power of Attorney or Authorization Letter (if applicant is not the business owner)
- Notarized Application Form (for New Business)

## B. BUSINESS INFORMATION AND REGISTRATION

Please choose one:  Sole Proprietorship  Partnership  Corporation  Cooperative

DTI / SEC / CDA Registration Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name / Franchise (If Applicable): \_\_\_\_\_

Main Office Address: House/Bldg. No.: \_\_\_\_\_ Name of Building \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

(For Sole Proprietorship)

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Suffix \_\_\_\_\_

Name of Owner:

(For Corporations/ Cooperatives/  
Partnerships)  
Name of President/  
Officer in Charge:

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Suffix \_\_\_\_\_

Sex:  Male  Female

For Corporation: Filipino \_\_\_\_\_ Foreign \_\_\_\_\_

## C. BUSINESS OPERATION

Business Area (in sq. m.): \_\_\_\_\_

Time of Operation: \_\_\_\_\_

Total no. of Employees in Establishment

No. of Employees Residing

No. of Delivery Vehicles (if applicable)

Total Floor Area (in. sq. m.): \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

within Teresa: \_\_\_\_\_

\_\_\_\_\_ Van/Truck \_\_\_\_\_ Motorcycle

Business Location Address: House /Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_

City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

Owned?  Yes  No, If Yes, Tax Declaration No. \_\_\_\_\_ or Property Identification No. \_\_\_\_\_

**Total Capital Investment** (paid up Capital + Lease Expenses + Equipments): \_\_\_\_\_

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

Business Activity (Please check one):  Main Office  Branch Office  Admin Office Only  Warehouse  Others, Please Specify \_\_\_\_\_

Line of Business	Products / Services	No. of Units	Capitalization (For New Business)	Gross Sales/receipts (For Renewal)	
				Essentials	Non-Essentials

I DECLARE UNDER PENALTY OF PERJURY that all information on this application are true and correct based on my personal knowledge and authentic records submitted to the Municipality of Teresa. 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.

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

\_\_\_\_\_  
DESIGNATION/POSITION

**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:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)</b>			
<b>TRACKING NO.:</b>	<b>DATE:</b>		
<b>(TO BE FILLED UP BY APPLICANT / OWNER)</b>			
<b>Name of Applicant / OWNER):</b>			
<b>Name of Business:</b>			
<b>Total Floor Area:</b>	<b>Contact No.:</b>		
<b>Address of Establishments:</b>			
<b>Signature of Applicant / Owner</b>			
<b>Certified by:</b>			
<b>Time and Date Received:</b>			
	<table border="1"> <tr> <td><b>FIRE SAFETY INSPECTION FEE ASSESSMENT:</b></td> <td></td> </tr> </table>	<b>FIRE SAFETY INSPECTION FEE ASSESSMENT:</b>	
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*Important Notice: As per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These additional charges shall be collected during inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).*

**TERESA UNA KA**