

## REQUIREMENTS IN SECURING MAYOR'S & BUSINESS LICENSE

### FOR NEW:

#### ***SUBMIT THE FOLLOWING REQUIREMENTS SUBJECT FOR VERIFICATION.***

- Business Permit Application.
- Photo copy DTI/SEC/DOC.
- Photo copy of latest Community Tax Certificate (CEDULA).
- Sworn Statement of capital investment by the owner or operator, if sole proprietorship; or amount of paid-up-capital of the business as shown in the Articles of Incorporated or Partnership.
- Sketch or Drawing of Location of Business.
- Photo copy of Barangay Business Clearance where the business is located.
- Photo copy latest lease contract, if place of business is leased/Certification of Market Administrator.
- Tax clearance showing that the Business owner/operator had paid his Real Property Tax obligation in this municipality.
- Clearances from the Municipal Health Office, Municipal Engineering Office and Bureau of Fire Protection – Los Baños Station shall be processed.
- Inspection Report.
- Others clearances/permits that the other agencies may require.
- Mayor's Permit of lessor (Prior year)
- List of employees and Address.
- Duly accomplished Business Permit Application Form.

## REQUIREMENTS IN SECURING MAYOR'S & BUSINESS LICENSE

### TRACER

Accomplished Requirement		Date	Remarks	Signature
<b>1.</b>	<b>Checking of Requirement</b>			
	<b>a.</b> Health & Sanitary Permit			
	<b>b.</b> Engineering			
<b>2.</b>	<b>Assessment</b>			
	<b>a.</b> Mayor's Permit, Business Tax and other Charges.			
	<b>b.</b> Community Tax Certificate (CEDULA)			
<b>3.</b>	<b>Fire Permit</b>			
<b>4.</b>	<b>Payment for Business Permit</b>			
<b>5.</b>	<b>Printing of Business Permit</b>			



REPUBLIC OF THE PHILIPPINES  
Province of Laguna  
**MUNICIPALITY OF LOS BAÑOS**  
*Special Science and Nature City*

**BUSINESS PERMIT APPLICATION FORM**

PERMIT NO.

<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Additional</b>	<input type="checkbox"/> <b>Amendments</b>	<input type="checkbox"/> <b>Mode of Payment</b>		
<input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> <b>Transfer</b>	<input type="checkbox"/> From Single to Partnership	<input type="checkbox"/> Annually		
<input type="checkbox"/> <b>Retirement</b>	<input type="checkbox"/> Ownership	<input type="checkbox"/> From Single to Corporation	<input type="checkbox"/> Semi-Annually		
	<input type="checkbox"/> Location	<input type="checkbox"/> From Partnership to Single	<input type="checkbox"/> Quarterly		
<input type="checkbox"/> <b>Main Office</b>		<input type="checkbox"/> From Partnership to Corporation			
<input type="checkbox"/> <b>Branch Office</b>		<input type="checkbox"/> From Corporation to Single			
		<input type="checkbox"/> From Corporation to Partnership			
Date of Application:		DTI/SEC/CDA Registration No.:			
Reference No.:		DTI/SEC/CDA Date of Registration:			
Kind of Organization:		TIN:			
Are you enjoying incentive from any Government Entity?					
<input type="checkbox"/> Yes <input type="checkbox"/> No      Please specify the entry:					
<b>Name of Taxpayer</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>		
Business Name:					
Trade/ Franchise:					
Name of President/Treasurer of Corporation					
<b>Business Address:</b>		<b>Owner's Address</b>			
House/Building No.:		House/Building No.:			
Building Name:		Building Name:			
Unit No.:		Unit No.:			
Street:		Street:			
Subdivision:		Subdivision:			
Barangay:		Barangay:			
City/Municipality:		City/Municipality:			
Province:		Province:			
Tel No.:		Tel No.:			
Email Address:		Email Address:			
Property Index No. (PIN):					
Business Area (sq. m)	Total # of Employees in the Establishment: Female _____ Male _____	Total # of employees residing in the LGU: Female _____ Male _____			
<b>Lessor's Name:</b>		<b>Monthly Rent:</b>			
<b>Lessor's Address:</b>					
House/Building No.:		Subdivision:			
Street:		City/Municipality			
Barangay		Province:			
Tel No.:		Email Address:			
In case of emergency, Contact Person:					
Tel No.:/ Mobile Phone No./Email Address:					
Code	Line of Business	No. of Units	Capitalization (For New Business)	Gross Sales/Receipts (For Renewal)	
				Essential	Non-Essential

\_\_\_\_\_  
Signature of Applicant Over Printed Name

\_\_\_\_\_  
Position/Title

For corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case the Liaison Officer or any authorized representative, kindly present an authorization letter signed by the identified responsible person of the corporation.

## ASSESSMENTS

LOCAL TAXES	REFERENCE	AMOUNT DUE	ASSESSED BY	PRIOR YEAR DELINQUENCIES
Gross Sales Tax				
Tax on Delivery Vans/Trucks				
Tax on Storage for Combustible/ Flammable of Explosive Substance				
Tax on Signboard/ Billboards				
REGULATORY FEES and CHARGES				
Mayor's Permit Fee				
Cigarette				
Liquor				
Amusement Device				
Garbage Charges				
Delivery Trucks/Van Permit				
Sanitary Inspection Fee				
Building Inspection Fee				
Electrical Inspection Fee				
Mechanical Inspection Fee				
Plumbing Inspection Fee				
Signboard/Billboard Renewal Fee				
Storage and Sale of Combustible/ Flammable or Explosive Substance				
Occupational				
Locational Clearance				
Sticker				
BAI				
FSIC				
Business Permit				
Business				
Cigarette				
Liquor				
Surcharge				
Interest				
<b>TOTAL</b>				

### VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/AGENCY	DATE ISSUE	VERIFIED BY ( BPLO STAFF)
Barangay Clearance	Barangay		
Zoning Clearance	Zoning Admin		
Sanitary/Health Clearance	Municipal Health		
Occupancy Permit	Building Official		
Fire Safety Inspection	Municipal Fire Dept.		
Others, Please Specify:			

Recommending Approval

\_\_\_\_\_  
Assessment reviewed by:

**ALEXANDER L. BEJOSANO**

Approval recommended by:

Instruction

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to applicant.
2. Ensure that all documents attached to this application are complete and properly filled out.