

REQUIREMENTS IN SECURING MAYOR'S & BUSINESS LICENSE

FOR RENEWAL:

SUBMIT THE FOLLOWING REQUIREMENTS SUBJECT FOR VERIFICATION.

- Basis for computing taxes, fees, and charges (ITR/quarterly/monthly BIR payments, List of employees, Gross Sales for the proceeding calendar year, Certificate from LLDA, Certificate of life guard for resort, Certificate of Non-Coverage from DENR for Sash Furniture and Junkshop, Police Clearance of owner for Junkshop, ECC for Gasoline Station)
- Photo copy of Barangay Business Clearance where the business is located. Latest lease contract and Mayors Permit of lessor (prior year) if place of business is leased / Certification from Market Administrator.

REQUIREMENTS IN SECURING MAYOR'S & BUSINESS LICENSE

TRACER

Accomplished Requirements		Date	Remarks	Name and Signature
	<ul style="list-style-type: none"> a. Tax Clearance/Real Property Tax b. Community Tax Certificate (CEDULA) c. Building Annual Inspection (BAI) d. Sanitary Permit to operate e. Locational Clearance 			
1.	Application filing and verification			
	<ul style="list-style-type: none"> a. Accomplished Form and Requirements 			
2.	Assessment			
	<ul style="list-style-type: none"> a. Assessment of Taxes, fees and Charges 			
3.	Pay and Claim			
	<ul style="list-style-type: none"> a. Payment for FSIC (BFP) 			
	<ul style="list-style-type: none"> b. Payment of Business Permit 			
	<ul style="list-style-type: none"> c. Release of Business Permit 			



2022

MUNICIPALITY OF LOS BAÑOS
Special Science and Nature City
BUSINESS PERMIT APPLICATION FORM

PERMIT NO.

INSTRUCTIONS:

- 1. Provide accurate information and 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 property filled out.

I. APPLICANT SECTION

1. BASIC INFORMATION

Mode of Payment: [] New [] Renewal, [] Annually [] Semi-Annually [] Quarterly

Date of Application: DTI/SEC/CDA Registration No.:

TIN No.: DTI/SEC/CDA Date of Registration:

Type of Business: [] Single [] Partnership [] Corporation [] Cooperative

Amendments: From [] Single [] Partnership [] Corporation

To [] Single [] Partnership [] Corporation

Are you enjoying tax incentive from any Government Entity? [] Yes [] No Please specify the entity?

Name of Taxpayer / Registrant

Last Name: First Name: Middle Name:

Business Name:

Trade Name:

Contact No.:

2. OTHER INFORMATION

Business Address:

Postal Code: Postal Code:

Telephone No.: Telephone No.:

Owner's Address:

Postal Code: Postal Code:

Telephone No.: Telephone No.:

In case of emergency, provide name of contact person:

Telephone/Mobile No.: Email Address:

Business Area (in sq. m.): Total No. of Employees in Establishment: No. of Employees Residing within LGU:

Note: Fill Up Only If Business Place is Rented

Lessor's Full Name:

Lessor's Address:

Lessor's Telephone/Mobile No.:

Lessor's Email Address:

Monthly Rental:

3. BUSINESS ACTIVITY

Table with 5 columns: Line of Business, No. of Units, Capitalization (for New Business), Gross/Sales Receipts (for Renewal) - Essential, Non-Essential

COLLATILLA

Any information later found to be false, or any falsified document attached to this application, SHALL BE GROUND FOR REVOCATION OR SUSPENSION OF ANY LICENSE ISSUED AND/OR PROSECUTION FOR PERJURY OR OTHER OFFENSES UNDER THE REVISED PENAL CODE AND OTHER EXISTING LAWS AND ORDINANCES.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION/TITLE