

REQUIREMENTS IN SECURING MAYOR'S & BUSINESS LICENSE

FOR NEW:

SUBMIT THE FOLLOWING REQUIREMENTS SUBJECT FOR VERIFICATION.

- Proof of Business registration, incorporation, or legal personality (DTI, SEC, CDA)
- 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)
- Occupancy Permit, Locational Clearance, Sketch of Business Location and Mayors Permit of Lessor (prior year)
- Photo copy of latest lease contract, if place of business is leased/Certification of Market Administrator.
- Photo copy of Barangay Business Clearance where the business is located.

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. Barangay Business Clearance Payment and Certificate d. Building Annual Inspection (BAI) e. Sanitary Permit to operate f. Locational Clearance 			
1.	Filing, verification and assessment			
	a. Accomplished Form and Requirements			
	b. Assessment of Taxes, fees and Charges			
2.	Payment			
	a. Payment of Business Permit			
	b. Payment for FSIC (BFP)			
3.	Claim			
	a. Release of Business Permit			



2023

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

New Renewal **Mode of Payment** 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

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

