



Type of Application	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Retirement <input type="checkbox"/> Amendment	Date of Application (mm/dd/yyyy):
Mode of Payment	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annually	Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Kind of Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	Delivery Options: <input type="checkbox"/> Pick up <input type="checkbox"/> Courier with fee

BASIC REQUIREMENTS (please visit pasigcity.gov.ph for other requirements specific to line of business):

A) NEW BUSINESS <input type="checkbox"/> DTI/ SEC Registration/ Articles of Partnership/ Incorporation <input type="checkbox"/> Certificate of Conformance <input type="checkbox"/> Barangay Clearance	B) BUSINESS RENEWAL <input type="checkbox"/> Colored photo of <input type="checkbox"/> Location Map/ Sketch of Business Address <input type="checkbox"/> Lease Contract/ Proof of Ownership <input type="checkbox"/> VAT/ Percentage Tax <input type="checkbox"/> Prior year ITR/ Audited Financial Statements <input type="checkbox"/> Certificate of Gross Sales/ Receipts	C) RETIREMENT <input type="checkbox"/> Breakdown of Sales per Branch, if applicable <input type="checkbox"/> Barangay Certificate of Business Retirement/ Cessation <input type="checkbox"/> Previous Year ITR/ AFS <input type="checkbox"/> Current Year VAT/ Percentage Tax Return (Monthly/ Quarterly)	D) AMENDMENT <input type="checkbox"/> Change of Business Name DTI/ Amended SEC/ Articles of Incorporation <input type="checkbox"/> Change of Business Address Brgy. Clearance, Cert. of Conformance, Lease Contract/ Proof of Ownership <input type="checkbox"/> Change in Gross Declaration ITR/ AFS/ VAT/ Percentage Tax Return <input type="checkbox"/> Others
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BUSINESS INFORMATION

Business Name: _____

Trade Name/Franchise Name(if applicable): _____

Business Address House/Unit No./Building No./Building Name/Lot No./Block No./Street/Phase No./Subdivision: _____

Barangay: _____ Town/City/Province: **Pasig City, NCR**

DTI/SEC/CDA Reg. No.: _____ Tax Identification Number (TIN): _____ Business ID no. (for renewal): _____ Main Branch Office

Landline No.: _____ Mobile No.: _____ E-mail Address: _____

OWNER'S INFORMATION

For Individual - Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____ Sex: Male Female

Owner's Address House/Unit No./Building No./Building Name/Lot No./Block No./Street/Phase No./Subdivision: _____

Barangay: _____ Town/City/Province: _____ Zip Code: _____

For Corporation/Partnership/Cooperative: Name of Corporate President/CEO/Treasurer: _____

Landline No.: _____ Mobile No.: _____ E-mail Address: _____

BUSINESS DATA

Admin Office Area (sq. m.)	Virtual Office Area(sq. m.)	Common Area(sq. m.)	Parking Area(sq.m.)	If place of business is being rented, please identify the following Lessor's Information:	Name of Lessor:	Monthly rental
Actual No. of Employees>>	Total:	No. of Employees: Male:	Female:		Lessor's Address:	Tax Dec. No.
No. of Employees Residing in Pasig City:	No. of Employees Working From Home:			For CTC Purpose:	If principal office w/in Pasig (Corporation) Assessed value of Real Properties w/in the Philippines.	
Signboard(in sq. m.)>>	Neon:	Non-Neon:	One-Faced:		Double Faced:	If individual resides in Pasig previous year compensation/professional income if any (profession)
Delivery Vehicles>>	Del. Truck/Van:	Tricycle:	Motorcycle:	Pedicab:	Commercial	No. of Unit/s
For those using Weights and Measures	No. of Weighing Scales	No. of Nozzles for Gas Station			Residential	No. of Unit/s
				For Lessors Only		Area used (in sq. m.)

DECLARATIONS

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

BUSINESS ACTIVITY LINE OF BUSINESS	PSIC per BIR reg.	CURRENT CAPITALIZATION	GROSS SALES / RECEIPTS	
			PREVIOUS DECLARATION (please attached previous TOP)	CURRENT DECLARATION

Please attach additional Unified Application Form, if necessary.

I hereby Declare and affirm that 1)the information provided in this application is true and correct. 2) The supporting documents attached are valid and 3) I consent to the verification by the BPLD the information I provided to establish our business particulars, and further consent to its use for lawful purpose. 4) I am aware that the information provided in this application will be treated in accordance and relevant privacy regulations. 5) I am aware that making false statements in this application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application of Business Permit.

Print Name and Signature of Applicant/Representative/Position/Title Note : kindly attach Valid ID of Applicant : If representative, kindly attach Authorization Letter and Valid ID of Applicant and Representative	Schedule of Payment Jan.3-Jan.20(1st Qtr) Jul.1-Jul.20(3rd Qtr) Apr.1-Apr.20(2nd Qtr) Oct.1-Oct.20(4th Qtr)
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For Business Permit and Licensing Department Reviewed by: _____	For Building and Electrical Office Reviewed by: _____	For Bureau of Fire Protection Reviewed by: _____
FSIC validity date: FSIC control no.:		