



Business ID No.:							
 APPLICATION FORM FOR BUSINESS PERMIT TAX YEAR _____ MUNICIPALITY OF RIZAL, NUEVA ECIIJA 		ID PICTURE OF THE OWNER					
INSTRUCTIONS:							
1 Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.							
2 Ensure all documents attached to this form (if any) are complete and properly filled out.							
I. APPLICANT SECTION:							
1. BASIC INFORMATION							
<input type="checkbox"/> New <input type="checkbox"/> Renewal		Mode of Paymer <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly					
Date of Application:		DTI/SEC/CDA Registration No. :					
TIN :		DTI/SEC/CDA Registration Date:					
Type of Business :		<input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative					
Amendment :		From		<input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
		To		<input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Are you enjoying tax incentive from any Government Entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity?					
Name of Taxpayer / Registrant:							
Last Name:		First Name:		Middle Name:			
Business Name:							
Trade Name / Franchise:							
2. OTHER INFORMATION							
<i>Note: For Renewal Applications, do not fill up this section unless certain information have changed.</i>							
Business Address:							
Postal Code:		Email Address:					
Telephone No:		Mobile No:					
Owner's Address							
Postal Code:		Email Address:					
Telephone No:		Mobile No:					
Incase 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 Full Address:							
Lessor's Full 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		
I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from the release of the business permit.							
Signature of Applicant / Taxpayer over Printed Name							
Position / Title							
II. LGU SECTION (Do not Fill Up this section)							
1. VERIFICATION OF DOCUMENTS							
Description		Office /Agency		Yes	No	Remarks	Signature
Zoning Clearance		Municipal Planning & Development Office					
MENRO Certification		Municipal Environment & Natural Resources Office					
Building Annual Inspection Certificate		Municipal Engineering Office					
Sanitary Permit		Municipal Health Office					
Fire Safety Inspection Certificate		Bureau of Fire Protection					
Market Clearance (For Stall Holders)		Office of the Market Administrator					
				Verified by:			
				BPLO			

