



APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR _____
MUNICIPALITY OF RIZAL, NUEVA ECIJA



Business ID No.:

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 Payment:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application:	<input checked="" type="checkbox"/>	DTI/SEC/CDA Registration No. :			
TIN :	<input checked="" type="checkbox"/>	DTI/SEC/CDA Registration Date:	<input checked="" type="checkbox"/>		
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:	<input checked="" type="checkbox"/>	First Name:	<input checked="" type="checkbox"/>	Middle Name:	<input checked="" type="checkbox"/>
Business Name:	<input checked="" type="checkbox"/>	Trade Name / Franchise:			

2. OTHER INFORMATION

Note: For Renewal Applications, do not fill up this section unless certain information have changed.

Business Address:	<input checked="" type="checkbox"/>	Postal Code:		Email Address:	<input checked="" type="checkbox"/>
Telephone No:		Telephone No:		Mobile No:	<input checked="" type="checkbox"/>
Owner's Address:	<input checked="" type="checkbox"/>	Postal Code:		Email Address:	<input checked="" type="checkbox"/>
Telephone No:		Telephone No:		Mobile No:	<input checked="" type="checkbox"/>
Incase of emergency, provide name of contact person:					
Telephone / Mobile No:		Telephone / Mobile No:		Email Address:	
Business Area (in sq m.)	<input checked="" type="checkbox"/>	Total No. of Employees in Establishment	<input checked="" type="checkbox"/>	No. of Employees Residing within LGU:	

Note: Fill up Only if Business Place is Rented:

Lessor's Full Name:	<input checked="" type="checkbox"/>	
Lessor's Full Address:	<input checked="" type="checkbox"/>	
Lessor's Full Telephone / Mobile No:	<input checked="" type="checkbox"/>	
Lessor's Email Address:		
Monthly Rental:	<input checked="" type="checkbox"/>	

3. BUSINESS ACTIVITY

Line of Business <input checked="" type="checkbox"/>	No. of Units	Capitalization (For New Business) <input checked="" type="checkbox"/>	Gross/Sales Receipts (for Renewal) <input checked="" type="checkbox"/>	
			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: