



Republic of the Philippines
City of Caloocan
 Office of the City Mayor
BUSINESS PERMITS AND LICENSING OFFICE
 Tel. Nos. 336-5692 / 288-8811 Local 2248 / 2217



Application Form for Business Permit

TAX YEAR _____

- New Renewal Additional Transfer Amendment
 Ownership From Single to Partnership From Partnership to Corporation
 Location From Single to Corporation From Corporation to Single
 From Partnership to Single From Corporation to Partnership
- Mode of Payment**
- Annually
 Bi-annually
 Quarterly

Application No.:		Date of Application:	
DTI/SEC/CDC Registration No.:		Date Issued:	
Kind of Organization:		TIN:	
Name of Taxpayer:	Last Name	First Name	Middle Name
Business Name:			
Trade Owner/Franchise/Name:			
Name of President/Treasurer of Corporation:		Capitalization:	
Business Address		Owner's Address	
House No./Bldg. No.:		House No./Bldg. No.:	
Building Name:		Building Name:	
Unit No.:		Unit No.:	
Street:		Street:	
Barangay:		Barangay:	
Subdivision:		Subdivision:	
City/Municipality:		City/Municipality:	
Province:		Province:	
Tel. No.:		Tel. No.:	
Email Address:		Email Address:	
Business Establishment SSS Identification No.:			
Business Area (in sq.m.):	Total No. of Employees	No. of Delivery/Service Vehicle/s:	Type of Vehicle/s Used:
	Male: Female:		
In case of emergency, Contact Person:			
Tel./Mobile No./Email Address:			
If Place of Business is Rented, please identify the following:			Monthly Rental:
Lessor's Name:			Rent Started: (Month/Year)
Last Name	First Name	Middle Name	
Lessor's Address			
House No./Bldg. No.:		Subdivision:	
Street:		City/Municipality:	
Barangay:		Province:	
Tel. No.:		Email Address:	
Line/s of Business	Last Year's Gross Sales/Receipts	Line/s of Business	Last Year's Gross Sales/Receipts
<input type="checkbox"/> Manufacturer / Producer		<input type="checkbox"/> Lessor	
<input type="checkbox"/> Service / Contractor		<input type="checkbox"/> Financial Establishment	
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Food Service	
<input type="checkbox"/> Retailer		<input type="checkbox"/> Real Estate/Subd. Dealer	
<input type="checkbox"/> Warehouse		<input type="checkbox"/> Others	
Specify Products / Services:			

I/We declare under the penalty of perjury that the foregoing statements are true and correct to my/our knowledge and I/We have complied with all laws and regulations governing the establishment, maintenance and operation of my/our business. Further, I/We agree to the immediate cancellation of this permit by the Business Permits and Licensing Office and/or closure of the establishment should the BPLO discover/find any falsehood and/or misrepresentation in this application.

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION/TITLE

For corporation, only the responsible person (President, Chief Accountant and Corporate Secretary) should sign the form. In case of Liaison Officer or any authorized representative, kindly present an authorization letter signed by the responsible person of the corporation.