



Republic of the Philippines
 Province of Cavite
 Trece Martires City
BUSINESS PERMIT APPLICATION FORM
 TAX YEAR _____

| | | |
|-------------------------------------|------------|-------------|
| | | Payment |
| <input checked="" type="checkbox"/> | NEW | Annually |
| <input type="checkbox"/> | RENEWAL | Bi-annually |
| <input type="checkbox"/> | ADDITIONAL | Quarterly |

Date of Receipt _____
 Tracking Number _____
 Business ID Number _____

| | | | | |
|--|---|---|--------------------------------------|---|
| A. BUSINESS INFORMATION AND REGISTRATION | | | | |
| Please choose one | | | | |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> One Person Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| DTI/SEC/CDA Registration Number: _____ | | Tax Identification Number (TIN): _____ | | |
| Business Name: _____ | | | | |
| Trade Name/Franchise (If Applicable): _____ | | | | |
| Main Office Address: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____ | | | | |
| Street _____ Barangay _____ Subdivision _____ | | | | |
| City/Municipality _____ Province _____ Zip Code _____ | | | | |
| Telephone No. _____ | | Mobile No. _____ | | Email Address: _____ |
| (For Sole Proprietorship) Name of Owner: | | Surname | Given Name | Middle Name Suffix |
| (For Corporations/Cooperative/ Partnerships) Name of President/Officer in Charge: | | Surname | Given Name | Middle Name Suffix |
| For Corporation: <input type="checkbox"/> Filipino <input type="checkbox"/> Foreign | | | | |
| B. BUSINESS OPERATION | | | | |
| Business Area (in sq.m): _____ | | Total No. of Employees in Establishment | | No. of Delivery Vehicles (If Applicable) |
| Total Floor Area (in sq.m) _____ | | _____ Male _____ Female | | Residing within _____ _____ Van/Truck _____ Motorcycle |
| <input type="checkbox"/> Same as Main Office Address | | | | |
| Business Location Address: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block No. _____ | | | | |
| Street _____ Barangay _____ Subdivision _____ | | | | |
| City/Municipality _____ Province _____ Zip Code _____ | | | | |
| Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Tax Declaration No. _____ or Property Identification No. _____ | | | | |
| Total Capitalization (PH): _____ | | | | |
| Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach a copy of your certificate) <input type="checkbox"/> No | | | | |
| Business Activity (Please check one) : <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Warehouse <input type="checkbox"/> Others Pls. Specify _____ | | | | |
| Line of Business | | Philippine Standard Industrial Code (If Available) | | Products/Services |
| | | | | |
| | | | | |
| | | | | |
| <p>I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the _____. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and it's implementing Rules and Regulations) and account transaction information or records with the City Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.</p> <p>Likewise, I hereby agree to comply with the regulatory and other deficiencies within _____ from release of the business permit. Any violations and non-compliance shall mean to automatic revocation and cancellation of the same.</p> | | | | |
| _____ SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME | | | | |
| _____ DESIGNATION / POSITION / TITLE | | | | |