



**Republic of the Philippines
CITY OF OLONGAPO
OFFICE OF THE CITY MAYOR
BUSINESS PERMIT & LICENSING OFFICE**

Rm. 101, G/F, City Hall, Rizal Avenue, West Bajac Bajac, Olongapo City 2200, Philippines
Tel.: (47) 222-2553 * Mobile: (920) 432-4243 * Email: bplo.oc@gmail.com * Web: www.olongapocity.gov.ph

DECLARATION OF GROSS SALES OR RECEIPTS

Date of Declaration:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Transfer of Location From where:	<input type="checkbox"/> Transfer of Ownership From whom:	
Business Name:			TIN:
Nature of Business: (Please select) <input type="checkbox"/> Manufacturer/Producer/Assembler/Processor <input type="checkbox"/> Hotel/Motel/Inn/Lodging/Dormitory <input type="checkbox"/> Real Estate Lessor/Sub-Lessor <input type="checkbox"/> Wholesaler/Distributor/Dealer <input type="checkbox"/> Restaurant/Caterer/Café/Cafeteria/Canteen/Carinderia <input type="checkbox"/> Private Educational Institution <input type="checkbox"/> Retailer/Trader <input type="checkbox"/> Day or Night Club/Music Lounge/Bar/Disco <input type="checkbox"/> E-Commerce/Internet Café/Computer Shop <input type="checkbox"/> Contractor/Service Provider <input type="checkbox"/> Resort/Spa/Sports Club/Recreation Center <input type="checkbox"/> Others (Specify) <input type="checkbox"/> Bank/Financial Institution/Pawnshop/Insurance <input type="checkbox"/> Real Estate Dealer/Developer			
Business Address:		Contact No.:	No. of Employees:

SWORN DECLARATIONS (For all types of Business except Real Estate Lessor)						
Average Sales Per Day:				Operating Days Per Week:		
Item No.	Business Line	BIN	Period Covered	Gross Sales or Receipts	Tax Year Applied	Remarks
1						
2						
3						
4						
5						
			TOTAL			

SWORN DECLARATIONS (For Real Estate Lessors only)						
Item No.	Description of Real Estate Property	Tenant's Business Name (if applicable)	Name of Lessee or Tenant	Period Covered	Monthly Rent	Total Rent Income
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
					TOTAL	

I hereby declare under penalty of perjury that this declaration has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the Revenue Code of Olongapo City.

Name of Applicant	Position or Designation	Signature of Applicant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ at Olongapo City, Philippines. Affiant exhibited to me his/her Community Tax Certificate No. _____, issued on _____ at _____.

Doc. No.
Page No.
Book No.
Series of _____

Approved by:

Notary Public

Head, Business Permit & Licensing Office