



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

Business One Stop Shop, Rm. 101, G/F, City Hall, Rizal Avenue, West BajacBajac, Olongapo City 2200, Philippines
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APPLICATION FOR MAYOR'S PERMIT

Application Number:	<input type="checkbox"/> Transfer of Location From where:	<input type="checkbox"/> Change of Business Name From:	<input checked="" type="checkbox"/> 2" X 2" or Passport Size Picture of Owner, Partner, President, General Manager or Authorized Representative
<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer of Ownership From whom:	<input type="checkbox"/> Change of Business Line From:	
Nature of Business: <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 / Cafeteria / Canteen <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 Centre <input type="checkbox"/> Others (Please specify): <input type="checkbox"/> Bank / Financial Institution / Pawnshop / Insurance <input type="checkbox"/> Real Estate Developer / Dealer			
Business Lines: (Principal Products or Services Offered)		BIN:	
1. <input checked="" type="checkbox"/>			
2.			

Business Name / Trade Name: <input checked="" type="checkbox"/>				
Business Address:	No.: <input checked="" type="checkbox"/>	Building: <input checked="" type="checkbox"/>	Street Name: <input checked="" type="checkbox"/>	Barangay: <input checked="" type="checkbox"/>
Rights over Land/Bldg.	<input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parent/Relative	Telephone and/or Mobile No.: <input checked="" type="checkbox"/>		Email Address: <input checked="" type="checkbox"/>
	<input type="checkbox"/> Leased <input type="checkbox"/> Others (Specify) _____			
Bldg. Owner/Lessor Name: <input checked="" type="checkbox"/>		Lessor's BIN: <input checked="" type="checkbox"/>		Monthly Rental: (If leased) <input checked="" type="checkbox"/>
Form of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative				Capital (Php):
Complete Name of Owner / Partnership / Corporation / Cooperative: <input checked="" type="checkbox"/>				Age: <input checked="" type="checkbox"/> Gender: <input checked="" type="checkbox"/> Citizenship: <input checked="" type="checkbox"/>
TIN: <input checked="" type="checkbox"/>	SSS/GSIS No.: <input checked="" type="checkbox"/>	DTI / SEC / CDA Registration No.: <input checked="" type="checkbox"/>		Date Issued: <input checked="" type="checkbox"/>
Owner's Address:	No.: <input checked="" type="checkbox"/>	Street Name: <input checked="" type="checkbox"/>	Barangay: <input checked="" type="checkbox"/>	City / Town / Province: <input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2						
(Attach additional sheets if necessary)				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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Attach additional sheets if necessary)						TOTAL

I understand that any false information or fraudulent statement made herein shall be sufficient cause for denial of Business Permit or its revocation if already issued. I undertake to comply with all regulatory requirements and other deficiencies within 60 days from date of payment for the current year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Applicant / Authorized Representative	Position / Designation	Signature of Applicant / Authorized Representative

LOCATION MAP / SKETCH: <input checked="" type="checkbox"/>	Finger Print Box: For PWDs (Person with Disability) and/or Persons unable to sign	<div style="border: 1px solid black; padding: 10px; text-align: center;"> Approved by: <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">SANDRA DEE S. ECALNIR</div> <hr style="width: 80%; margin: 0 auto;"/> Head, Business Permit & Licensing Office </div> <div style="text-align: right; margin-top: 20px;"> THUMB MARK HERE </div>
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BIN: _____

In connection with your application for Business Permit, please secure the following documents & clearances and attach them to your application:

Basic Requirements:	Regulatory & National Clearances:	Special Requirements:	For Renewal Only:
<ul style="list-style-type: none"> ✓ Duly Accomplished Application Form for Business Permit ✓ One 2" x 2" or Passport Size Picture of Applicant ✓ Copy of DTI/ SEC/ CDA Certificate of Registration <input type="checkbox"/> Copy of Current Year's Community / Corporate Tax Certificate (CEDULA) ✓ Barangay Endorsement (based on location of business) 	<ul style="list-style-type: none"> ✓ Zoning / Locational Clearance (c/o City Planning Office) ✓ Fire Safety Inspection Certificate (c/o Bureau of Fire Protection) ✓ Sanitary Permit (c/o City Health Office) ✓ ESMO Clearance (c/o Environmental Sanitation & Management Office) ✓ Occupancy Permit / Bldg. Insp. Certificate (c/o City Eng'g. Office) <input type="checkbox"/> Others 	<ul style="list-style-type: none"> <input type="checkbox"/> Real Property Tax Payment of Land & Building (For Owned / Leased Properties) <input type="checkbox"/> Lease Contract and Lessor Permit (For Leased Properties) <input type="checkbox"/> Public Market Clearance (For Public Market Stall Holders) <input type="checkbox"/> Authorization & Notarized Agreement <input type="checkbox"/> Notarized Authorization to Represent / Special Power of Attorney (For Sole Proprietorship / Corporations / Partnerships) <input type="checkbox"/> Affidavit of Undertaking <input type="checkbox"/> Occupational Permit of Employees 	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Previous Mayor's Permit or Official Receipts <input type="checkbox"/> Sworn Declaration of Gross Sales or Receipts <input type="checkbox"/> Proof of Sales (Prior Year's Audited Financial Statements and Income Tax Return) and/or Other Supporting Documents
			<ul style="list-style-type: none"> <input type="checkbox"/> Letter of Intent (for New Applications Only)
			Number of Employees (if any): <input checked="" type="checkbox"/>

VERIFIED BY: _____ TIME: _____ DATE: _____

****TO BE FILLED BY BUSINESS-ONE-STOP-SHOP (BOSS) STAFF ONLY***

PROCESS	PROCESS DATE	TIME IN	TIME OUT	ACTUAL NO. OF MINUTES	FRONTLINERS		REMARKS
					INITIAL	SIGNATURE	
VERIFICATION / ASSESSMENT							
			TOTAL				

STEPS	PROCESS	CLEARANCE / PERMIT	REMARKS	DATE OF COMPLIANCE	ACTUAL NO. OF MINUTES	REGULATORY OFFICE REPRESENTATIVES	
						INITIAL	SIGNATURE
1	FILE & PAY	ZONING					
		OCCUPANCY/ BLDG. INSP.					
		SANITARY					
		FIRE SAFETY					
		ESMO					

STEPS	PROCESS	TIME OUT	ACTUAL NO. OF MINUTES	PRINTING/RELEASING		REMARKS
				INITIAL	SIGNATURE	
2	CLAIM					
			TOTAL			