



**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

<input type="checkbox"/> New	<input type="checkbox"/> Transfer of Location From where:	<input type="checkbox"/> Change of Business Name From:	Application Number:
<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer of Ownership From whom:	<input type="checkbox"/> Change of Business Line From:	
Nature of Business:			2" X 2" or Passport Size Picture of Owner, Partner, President, General Manager or Authorized Representative
<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 Center <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.			
2.			
Business Name / Trade Name:			
Business Address:	No.:	Building:	Street Name:
			Barangay:
Rights over Land/Bldg.	<input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parent/Relative <input type="checkbox"/> Leased <input type="checkbox"/> Others (Specify) _____		Telephone and/or Mobile No.:
			Email Address:
Bldg. Owner/Lessor Name:		Lessor's BIN:	Monthly Rental: (If leased)
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:			Age: Gender: Citizenship:
TIN:	SSS/GSIS No.:	DTI / SEC / CDA Registration No.:	Date Issued:
Owner's Address:	No.:	Street Name:	Barangay:
			City / Town / Province:
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			
(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			
2			
(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.			
Name of Applicant / Authorized Representative		Position / Designation	Signature of Applicant / Authorized Representative
LOCATION MAP / SKETCH:		Finger Print Box: For PWDs (Person with Disability) and/or Persons unable to sign	
		Approved by:	
		SANDRA DEE S. ECALNIR Head, Business Permit & Licensing Office	
		THUMB MARK HERE	

(Please print this at the back of the first page)

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:
<input type="checkbox"/> Duly Accomplished Application Form for Business Permit <input type="checkbox"/> One 2" x 2" or Passport Size Picture of Applicant <input type="checkbox"/> Copy of DTI/ SEC/ CDA Certificate of Registration <input type="checkbox"/> Copy of Current Year's Community / Corporate Tax Certificate (CEDULA) <input type="checkbox"/> Barangay Clearance (based on location of business)	<input type="checkbox"/> Zoning / Locational Clearance (c/o City Planning Office) <input type="checkbox"/> Occupancy Permit / Bldg. Insp. Certificate (c/o City Eng'g. Office) <input type="checkbox"/> Sanitary Permit (c/o City Health Office) <input type="checkbox"/> Fire Safety Inspection Certificate (c/o Bureau of Fire Protection) <input type="checkbox"/> ESMO Clearance (c/o Environmental Sanitation & Management Office) <input type="checkbox"/> SSS / PhilHealth / HDMF Clearance (c/o Concerned GOCC)	<input type="checkbox"/> Real Property Tax Payment (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	<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 Others: <input type="checkbox"/> Letter of Intent (for New Applications Only) Number of Employees (if any):

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

TURN AROUND TIME TRACKING SHEET

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

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

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