

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:	Others
<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 Endorsement (based on location of business)	<input type="checkbox"/> Zoning / Locational Clearance (c/o City Planning Office) <input type="checkbox"/> Fire Safety Inspection Certificate (c/o Bureau of Fire Protection) <input type="checkbox"/> Sanitary Permit (c/o City Health Office) <input type="checkbox"/> ESMO Clearance (c/o Environmental Sanitation & Management Office) <input type="checkbox"/> Occupancy Permit / Bldg. Insp. Certificate (c/o City Eng'g. Office) <input type="checkbox"/> Real Property Tax Payment <input type="checkbox"/> Others (Specify)  _____ _____	<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"/> Official Receipt of Weighing Scale Registration	<b>For Renewal Applications:</b> <input type="checkbox"/> Copy of Previous Mayor's Permit or Official Receipts <input type="checkbox"/> Proof of Sales (Prior Year's Audited Financial Statements and Income Tax Return) and/or Other Supporting Documents <input type="checkbox"/> Photo of Business Establishment  <b>For New Applications:</b> <input type="checkbox"/> Letter of Intent <input type="checkbox"/> Photo of Business Establishment

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		Previous Year's Gross Sales
					INITIAL	SIGNATURE	
VERIFICATION / ASSESSMENT							
			TOTAL				

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

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



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

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**UNIFIED APPLICATION FORM FOR BUSINESS PERMIT RENEWAL**

		<b>Payment</b>			<b>Date Of Receipt</b>	
<b>NEW</b>		<b>Annually</b>			<b>Tracking Number</b>	
<b>RENEWAL</b>		<b>Bi-annually</b>			<b>Business ID Number</b>	
<b>ADDITIONAL</b>		<b>Quarterly</b>				

**A. BUSINESS INFORMATION AND REGISTRATION**

Please choose one  Sole Proprietorship       One Person Corporation     Partnership     Corporation     Cooperative  
 Male     Female                       Male     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:  Filipino     Foreign

**B. BUSINESS OPERATION**

Business Area (in sq. m): \_\_\_\_\_ Total No. of Employees in Establishment \_\_\_\_\_ No. of Employees \_\_\_\_\_ No. of Delivery Vehicles (If applicable) \_\_\_\_\_  
Total Floor Area (in sq. m): \_\_\_\_\_ Male \_\_\_\_\_ Female Residing within \_\_\_\_\_ Van/Truck \_\_\_\_\_ Motorcycle \_\_\_\_\_

Same as Main Office Address

Building Location Address: House/Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Owned?  Yes     No                      If Yes, Tax Declaration No. \_\_\_\_\_ or Property Identification No. \_\_\_\_\_

Do you have tax incentives from any Government Entity?     Yes (Please attach a copy of your certificate     No

Business Activity (Please check one):     Main Office     Branch Office     Admin Office Only     Warehouse     Others Pls. Specify \_\_\_\_\_

Line of Business	Philippine Standard Industrial Code (If Available)	Products/Services	No. of Units	Last Year's Gross Sales/Receipts

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 its implementing Rules and Regulations) and account transaction information or records with the City/Municipal 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.

\_\_\_\_\_

**SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME**

\_\_\_\_\_

**DESIGNATION / POSITION / TITLE**

ISO 9001:2015 CERTIFIED

**TRANSPARENCY AND GOOD GOVERNANCE**