



REPUBLIC OF THE PHILIPPINES
 PROVINCE OF PANGASINAN
 MUNICIPALITY OF CALASIAO

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

		Payment
	NEW	Annually
	RENEWAL	B-Annually
	ADDITIONAL	Quarterly

Date of Receipt: _____

Tracking Number: _____

Business ID Number: _____

A. BUSINESS INFORMATION AND REGISTRATION

Please choose one: Sole Proprietor One Person Corporation Partnership Corporation
 Male Female Male Female Cooperative

DTI/CDA/SEC Registration: _____

Tax Identification Number (TIN) _____

Business Name: _____

Trade Name/Franchise (if applicable): _____

Main Office Address:

House/Bldg. No _____ Name of Bldg. ____ Lot No. _____ Block No. _____

Street _____ Subdivision _____ Barangay _____ District _____

City / Municipality _____ Province _____ Zip Code _____

Telephone No.: _____

Mobile No.: _____

E-mail Address: _____

(For Sole Proprietorship)

Name of Owner:

Surname _____

Given Name _____

Middle Name _____

Suffix _____

(For Corporation/Cooperative/
Partnership)

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 Floor Area Total No. of Employees in Establishment
 in sq.m. _____ Male _____ Female _____

No. of Employees residing within the City: _____

No. of Delivery Vehicles :
Van/Truck _____

Business Location Address:

Same as Main Office Address

House/Bldg. No _____ Name of Bldg. ____ Lot No. _____ Block No. _____

Street _____ Subdivision _____ Barangay _____ District _____

Municipality _____ Province _____ Zip Code _____

Owned? Yes No

Fillup only if No.

Lessor's Full Name: _____

Monthly Rental: _____

Do you have tax incentives from any Government Entity?

Yes (Please attach copy of 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	Capitalization (For New Business) Last Year's Gross Sales/Receipts (For Renewal)

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 Investment Services, Business Permits & License Division. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes permit. I hereby agree that all personal (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulation) and account transaction information or records with the Calasiao 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

