Republic of the Philippines
Province of Oriental Mindoro
Municipality of Roxas

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

			Payment
	NEW		Annually
	RENEWAL		Bi-annually
	ADDITIONAL		Quarterly

Tax Year _____
Date of Application _____

I. APPLICATION SECTION

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. _____
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

Business 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 (PSIC) (If Available)	Products/ Services	No. of Units	For New Business (Capitalization)	For Renewal (Last Year's Gross sales/Receipts)	
					Essential	Non-essential

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 Business Permits and Licensing Office (BPLO). 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 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