



Republic of the Philippines
Province of Camarines Sur
MUNICIPALITY OF SAN JOSE
Telefax: (054)454-2003
www.sanjosecamarinessur.gov.ph

APPLICATION FORM

NEW

RENEWAL

NAME OF APPLICANT : _____
ADDRESS : _____
REGISTERED NAME : _____
CAPITAL : _____

REQUIREMENTS

1. Application Form
2. Barangay Clearance
3. DTI Registration
4. SSS Clearance
5. BIR Clearance
6. Cedula

RECOMMENDING APPROVAL

ANTONIO B. CHAVEZ
Approved/Disapproved



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Application Form for Business Permit
TAX YEAR _____

	New	Amendment		Mode of Payment	
	Renewal		From Single to Partnership		Annually
	Additional		From Single to Corporation		Bi-Annually
			From Partnership to Single		Quarterly
	Transfer		From Partnership to Corporation		
	Ownership		From Corporation to Single		
	Location		From Corporation to Partnership		
Date of Application:			DTI/SEC/CDA Registration No.:		
Reference No.:			DTI/SEC/CDA Date of Registration:		
Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative			CTC No.:		TIN:
Are you enjoying tax incentive from any government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please specify the entity):					
Name of Taxpayer:					
Last Name:		First Name:		Middle Name:	
Business Name:					
Trade Name/Franchise:					
Name of President/Treasurer of Corporation:					
Last Name:		First Name:		Middle Name:	
Business Address:			Owner's Address:		
House No./Bldg. No.:			House No./Bldg. No.:		
Building Name:			Building Name:		
Unit No.:			Unit No.:		
Street:			Street:		
Barangay:			Barangay:		
Subdivision:			Subdivision:		
City/Municipality:			City/Municipality:		
Province:			Province:		
Tel. No.:			Tel. No.:		
Email Address:			Email Address:		
Property Index Number (PIN):					
Business Area (in sq.m.)		Total No. of Employees in Establishment:		# of Employees Residing in LGU:	
If place of business is rented, please identify the following:				Monthly Rental	
Lessor's Name:		First Name:		Middle Name:	
Last Name:		First Name:		Middle Name:	
Lessor's Address:					
House No./Building No.:			Subdivision:		
Street:			City/Municipality:		
Barangay:			Province:		
Tel. No.:			Email Address:		
Business Activity		No. of Units	Capitalization (New Business)		Gross Sales/Receipts (for Renewal)
Code	Line of Business	No. of Units	Capitalization (for new business)	Essential	Non-essential
Oath of Undertaking:					
I undertake to comply with the regulatory requirements and other deficiencies within 30 days from release of the business permit.					
SIGNATURE OF APPLICANT OVER PRINTED NAME				POSITION/TITLE	

Annex 1) Page 2: Application Form for Business
Application Number: _____

LOCAL TAXES	REFERENCE	AMOUNT DUE	PENALTY/SURCHARGE	TOTAL	ASSESSED BY
Gross Sales Tax					
Tax on delivery vans/trucks					
Tax on storage for combustible/flammable or explosive substance					
Tax on signboard/billboards					
Regulatory fees and charges					
Mayo's Permit Fee					
Garbage charges					
Delivery trucks/Vans permit fee					
Tobacco retail					
Liquor (domestic)					
Liquor (fermented)					
Rice mills					
Videoke machine					
Signboard/billboard renewal fee					
Signboard/billboard permit fee					
Storage and sale of combustible/flammable or explosive substance					
Swimming pool					
Billiard					
Service fee					
Cockpit					
Scale					
Vascula					
Zoning fee					
Annual inspection fee					
Others					
BUSINESS TAX					
TOTAL					

VERIFICATION OF DOCUMENTS

Description	Office/Agency	Date Issued	Verified by (BPLO Staff)
Barangay Clearance	Barangay		
Zoning Clearance	Zoning Admin.		
Sanitary/Health Clearance	City Health Dept.		
Occupancy Permit	Bldg. Official		
Fire Safety Inspection Certificate	City Fire Dept.		
DTI Registration/SEC Registration			
BIR Clearance			
SSS Clearance			
Community Tax Certificate (CTC)			
Others, please specify			

Assessment reviewed by:

Approved by:

Instruction:

Ensure that all documents attached to this application form are complete and properly filled up.