



REPUBLIC OF THE PHILIPPINES
CITY GOVERNMENT OF MUNTINLUPA

BUSINESS PERMITS AND LICENSING OFFICE
TEL.# 862-2756 | EMAIL: bplo.muntinlupa@yahoo.com
WEBSITE: www.muntinlupacity.gov.ph



BUSINESS PERMIT APPLICATION

ACCOUNT NO.

MODE OF PAYMENT

NEW
 RENEWAL
 ADDITIONAL

ANNUALY
 SEMI-ANNUAL
 QUARTERLY

DATE OF APPLICATION

BUSINESS TRADE NAME			
BUSINESS ADDRESS			BARANGAY
TELEPHONE NO.	EMAIL	SSS NUMBER	TIN NUMBER
NAME OF TAXPAYER	SURNAME	FIRST NAME	M.I.
ADDRESS OF TAXPAYER			BARANGAY
NAME OF PRESIDENT/CEO			OPERATIONS MANAGER
			MOBILE NO.
			CITY/MUNICIPALITY
			EMAIL

LINE OF BUSINESS	GROSS SALES/RECEIPTS (FOR RENEWAL)	NO. OF UNITS	CAPITALIZATION (FOR NEW BUSINESS)
TOTAL NUMBER OF EMPLOYEES/WORKERS	TOTAL NUMBER OF EMPLOYEES/WORKERS RESIDING IN MUNTINLUPA		
TOTAL NO. OF DELIVERY TRUCKS/VANS/VEHICLES	TOTAL NO. OF GUARDS/STUDENTS/SEATING CAPACITY	ESTIMATED AREA (IN SQUARE METERS)	

TO BE FILLED UP BY NEW APPLICANT ONLY

IF THE PLACE OF BUSINESS IS RENTED/ NOT OWNED

NAME OF OWNER			TEL. NO.		
ADDRESS			TEL. NO.		
RENT START (Month / Day / Year)			MONTHLY RENTAL		EMAIL
B O I REG. NO.	DATE OF ISSUE	EXPIRATION DATE	PEZA REG. NO.	DATE ISSUE	EXPIRATION DATE

Note1. The herein applicant/taxpayer undertakes to allow any duly authorized inspectors from various Department/Offices of the City Government of Muntinlupa as well as the National Government, to conduct lawful inspection inside the business premises during office hours. Violation of the foregoing condition shall mean suspension or revocation of business permit.

Note 1. For corporation, only responsible person (e.g. President Manager, Accounting or Finance Officer and Corporate Secretary) should sign the form. In case of liaison officer of an authorized representative, he or she should present an authorization letter duly signed by one responsible person from the company.

SIGNATURE OF APPLICANT OVER PRINTED NAME

POSITION/TITLE

RECOMMENDING APPROVAL:

APPROVED:

ALLAN A. CACHUELA
OIC – BPLO

HON. JAIME R. FRESNEDI
City Mayor

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20__ AT THE CITY/MUNICIPALITY OF _____ AFFIANT HAVING EXHIBITED TO ME HIS/HER COMPETENT EVIDENCE OF IDENTITY NO. _____ ISSUED BY _____ ON _____.

DOC. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF 20 _____