



**UNIFIED BUSINESS PERMIT APPLICATION FORM**

ACCOUNT NO: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

TYPE OF APPLICATION  NEW  ADDITIONAL LINE OF BUSINESS

|   |         |                                 |                   |
|---|---------|---------------------------------|-------------------|
| BUSINESS TRADE NAME   |         |                                 |                   |
| BUSINESS ADDRESS  |         |                                 | BARANGAY          |
| DTI/ SEC/ CDA REGISTRATION NUMBER   |         | TAX IDENTIFICATION NUMBER (TIN) |                   |
| TELEPHONE NO.   | EMAIL   | SSS NUMBER                      |                   |
| NAME OF TAXPAYER  | SURNAME | FIRST NAME                      | M.I. MOBILE NO.   |
| ALTERNATE ADDRESS OF TAXPAYER (e.g. home address or address of the main office if branch only in Muntinlupa City) |         |                                 | CITY/MUNICIPALITY |
| NAME OF PRESIDENT/CEO   |         | NAME OF OPERATIONS MANAGER      | E-MAIL            |

| LINE OF BUSINESS                           |      | NO. OF UNITS                                  | CAPITALIZATION   |             |
|--|------|---|--|-------------|
|  |      |   |  |             |
|  |      |   |  |             |
|  |      |   |  |             |
|  |      |   |  |             |
|  |      |   |  |             |
|  |      |   |  |             |
|  |      |   |  |             |
| NUMBER OF EMPLOYEES                        | MALE | FEMALE  | NUMBER OF EMPLOYEES/<br>WORKERS RESIDING IN MUNTINLUPA | MALE FEMALE |
| TOTAL NO. OF DELIVERY TRUCKS/VANS/VEHICLES |      | TOTAL NO. OF GUARDS/STUDENTS/SEATING CAPACITY | ESTIMATED AREA (IN SQUARE METERS)                      |             |

**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       |                |
| BOI/PEZA REG. NO.               | DATE ISSUED | EXPIRATION DATE | CTC NO. (CEDULA) | DATE ISSUED | PLACE OF ISSUE |

| REGULATORY OFFICES SECTION (Do not fill up this section) |  |
|--|--|
| CITY ZONING ADMINISTRATION OFFICE<br>ZONING FEE          | OFFICE OF THE CITY BUILDING OFFICIAL<br>ANNUAL INSPECTION FEES |
| CITY HEALTH OFFICE<br>FOR POST INSPECTION                | BUILDING   |
|  | ELECTRICAL   |
| BUREAU OF FIRE PROTECTION<br>FIRE SAFETY INSPECTION FEE  | ELECTRONICS  |
|  | MECHANICAL   |
| BARANGAY<br>BARANGAY CLEARANCE FEE                       | SANITARY/ PLUMBING   |
|  | SIGN/ BILLBOARD  |

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 City Government of Muntinlupa. 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.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF APPLICANT

\_\_\_\_\_  
POSITION/ DESIGNATION/ TITLE

**NOTES:**

- For a corporation, only the responsible person (e.g. President Manager, Accounting or Finance Officer and Corporate Secretary) should sign the form. In the case of the liaison officer of an authorized representative, he or she should present an authorization letter duly signed by one responsible person from the company.
- By signing this form, the herein applicant/taxpayer undertakes to allow any duly authorized inspectors from various Departments/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.
- Further, by signing this form, the BPLO may process and use the Applicant's Personal Data and/or sensitive personal information collected for the purposes of fulfilling its obligations and providing the services required for business name registration and/or business registration. The data collected may be shared among the partner agencies and other permit/license-issuing agencies covered by a data-sharing agreement to help facilitate business registration-related transactions. The BPLO, its officer, employees, staff, and representatives shall not disclose any confidential, privileged, personal, and/or sensitive personal information of the Registrant in whole or in part, whether verbal or written to any person, except (a) When required by law or an order of the court; or (b) During an emergency, that threatens the life, personal security of the applicant or community.

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| <b>FOR AND BY AUTHORITY OF THE MAYOR :</b><br><br><b>ENGR. ALLAN A. CACHUELA</b><br>OIC, Business Permits and Licensing Office | <b>APPROVED:</b><br><br><b>HON. ROZZANO RUFINO B. BIAZON</b><br>City Mayor |
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