



CITY OF SAN JUAN

BUSINESS PERMITS AND LICENSING OFFICE

APPLICATION FOR NEW BUSINESS PERMIT



TAX YEAR: _____

To be filled-up by BPLO:

Date of Receipt: _____

Tracking Number: _____

Business ID Number: _____

Philippine Standard Industrial Code: _____

Philippine Standard Geographic Code: _____

GENERAL INSTRUCTIONS

- Accomplish the application form by marking, typing, and/or printing (UPPER CASE / CAPITAL LETTERS) the appropriate boxes. All required data / fields / information should be completely and clearly filled-out.
- Please ensure that ALL required documents are properly attached and that ALL necessary information is filled-out. Incomplete submission of application form and/or requirements will be returned to the applicant and will not be processed.

A. DOCUMENTARY REQUIREMENTS

- SEC / DTI (Business Name Registration)
- Barangay Clearance
- Certificate/ Contract of Lease (if leased) or Tax Declaration or Transfer of Certificate of Title (TCT) if owned
- PESO Certificate
- B.O.S.S. (Business One Stop Shop) Requirements (Locational, Fire Cert. Sanitary Permit, CENRO Certificate)

Remarks

B. BUSINESS INFORMATION AND REGISTRATION

Form of Organization

- Sole Proprietorship Partnership Corporation One Person Corporation Cooperative

Registration Number:

TIN:

_____-_____-_____-_____-_____

Business Name

Trade Name

- Franchise IPO

Main Office Address

House/Bldg. No. Name of Building Block No. Lot No. Street

_____-_____-_____-_____

Subdivision Barangay City/Municipality Province Zip Code

Name of Owner / President / OIC

Last Name First Name Middle Name Suffix

Citizenship

Sex

- Male Female

Residential Address

House/Bldg. No. Name of Building Block No. Lot No. Street

_____-_____-_____-_____

Subdivision Barangay City/Municipality Province Zip Code

Contact Person

Last Name First Name Middle Name Suffix

Telephone No.

E-mail

C. BUSINESS OPERATION

Total Capital Investment

Total Floor Area (in sqm)

Total Number of Employees in Establishment

Male Female

Total Number of Employees Residing in San Juan

Total Number of Delivery Vehicles

Business Location

House/Bldg. No. Name of Building Block No. Lot No. Street

_____-_____-_____-_____

Subdivision Barangay City/Municipality Province Zip Code

Business Activity

- Main Office Admin/ Office Only Others

- Branch Warehouse

(Please Specify)

Monthly Rental of Place of Business

- Not rented/ free of use

- Monthly Rental _____

(Attached copy of Lease of Contract)

Line of Business

Products/ Services

Capital Investment

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 San Juan. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of permit. Further, in compliance with the requirements of the Data Privacy Act, I/We am/are giving my/our consent in the collection, generation, use, processing, storage and retention of my/our personal data to the City Government of San Juan for the purpose(s) described in this document and to share my/our personal information obtained in the course of registering my/our business in the Business Permits and Licensing Office (BPLO) of the City of San Juan together with any government agencies, subdivision, department or Government-Owned and Controlled Corporations (GOCC) or third parties as may be consistent with applicable laws, rules and regulations.

SIGNATURE OF APPLICANT/ OWNER OVER PRINTED NAME

DESIGNATED POSITION

APPLICANT'S COPY 1/2

