



**REPUBLIC OF THE PHILIPPINES
BATANGAS CITY
BUSINESS PERMITS AND LICENSING OFFICE**

Application Form for Business

TAX YEAR _____

Instructions

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure all documents attached to this application form are complete and properly filled out.
3. For corporation, only responsible person (President, Chief Accountant and Corporate Secretary) should sign the form.
In case of Liaison Officer or any authorized representative, please kindly present an authorization letter signed by the identified responsible person of the corporation.

Business Permit No. _____ (for renewal)

New

Mode of Payment

Business Plate No. _____

Renewal

Annually

Bi-Annually

Quarterly

Date of Application		DTI	Registration No.		
			Date of Registration		
			Date of Expiry		
Business Type		SEC	Registration No.		
<input type="checkbox"/> Single Proprietorship			Date of Registration		
<input type="checkbox"/> Partnership			Date of Expiry		
<input type="checkbox"/> Corporation		CDA	Registration No.		
Business Classification (micro, small, etc.)			Date of Registration		
			Date of Expiry		
For Single Proprietorship		Name of Registrant			
Last Name		First Name		Middle Name	Suffix Name
Date of Birth:		TIN:			
Trade Name:					
Doing Business As (DBA):					
Franchise:					
For Partnership		Name of Registrant			
Last Name	First Name	Middle Name	Suffix Name	Date of Birth	TIN
For Corporation/Cooperative					
Complete Business Name:					
Name of CORPORATION/COOPERATIVE:					
Name of Registrant:					
Address:					
Tel. No./E-mail address:				TIN:	
Are you enjoying tax incentive from any government entity? () Yes () No Please specify the entity: _____					
Owner's Address:			Complete Business 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			Office Landline		
Province			Fax Number		
Postal Code			E-mail address		
Residential Line			In case of emergency, contact person/Tel.No./Mobile No.:		
Mobile No.					
E-mail address					
Business Area (in sqm.)		Total No. of Employees in Establishment		Total No. of Employees Residing in Batangas City	
				Male:	Female:
In case Place of Business is rented, complete this section:					
Lessor's Name:	Last Name	First Name	Middle Name	Monthly Rental	
Lessor's Complete Address:					
No.	Street	Subd.	Brgy.	City	Province
E-mail address:			Tel. No.		
Lessor's Date of Birth:			Lessor's TIN:		

