BPLS Unified Form	Applic		m for Busin		t					
New		Amendmen	t:							
Renewal			to Partnership		Application Number:					
Additional			to Corporation		Date Endorsed:					
Transfer:	From Partnership to Single From Partnership to Corporation			ation	Prev. Mayor's Permit #:					
Ownership	From Corporation to Single				·					
Location			ration to Partner	rship	Account #:					
Date of Application:				DA Registratio						
Reference No.:	<del></del>	DTI/SEC/CDA date of registration:								
Type of Organization: Single Partnership Corporation	CTC No:	CTC No: TIN:  Foundation Association								
Name of Taxpayer:		Cooperative	1 ouridati	011 7	ASSOCIATION					
Last Name					Middle Name					
Corporate Name:	•				•					
Trade Name / Business Name:										
Name of President/Treasurer of Corporation	I e				I sate to the sate					
Last Name  Business Address	Fin	st Name			Middle Nar Owner's Ad					
House No./Bldg. No.			House No./	Blda. No:	Owner's A0	u1 033				
Building Name:			Building Na							
Street:			Street:							
Barangay:			Barangay:							
Subdivision:			Subdivision							
City/Municipality:			City/Munici	pality:						
Province: Tel. No.			Province: Tel. No.:							
Email Address			Email Addr	ess:						
Property Index Number(PIN):	T									
Business Area (in sq m):	Total #	of Employee	s in Establishme	ent:	# of Emplo	yees Residing in	n LGU:			
If Place of Business is Rented, please identify	the followi	ng				Mo	nthly Rental:			
Lessor's Name:						Р				
Lessor's Address House No./Bldg. No.			Subdivision							
Street			City/Munici	10000						
Barangay			Province	p aty	7					
Tel. No.				Email Address						
Products/Services Handled:	Contact	Person/Tel	No./Mobile phon	e no./email ad	dress:					
Preceding year's Gross Sales/Reciepts:	Р	b. 4	Capital: P				1			
Business Activity			Capitalization or new business)	Gross Sa Ess/Non-Ess	ales/Receipts Prev Year		Assessment for the year			
Line of Business		Ointo (ii	or new business)	E33/14011-E33	TTCV TCAI	Total	Tine year			
		4 =					+			
							+			
							1			
	4									
	1									
	1									
	1									
		Oath o	of Undertaking:							
i undertake to comply with the regul	latory requi		=	within 30 days f	from release of	the business per	mit.			

SIGNATURE OF APPLICANT OVER PRINTED NAME:

POSITION/TITLE

Application form for Business												
Application No. 000-000-0000												
SKETCH OF LOCATION  (For New Business and Change Location)							FINDINGS/REMARKS					
( 2 man Basiness and Shangs Essation)												
Inspector												
Пореско												
LOCAL TAXES		REFERENCE	АМС	OUNT DUE	PENALTY/SUR	CHARGE	TOTAL	ASSESSED BY				
Gross Sales Tax  Tax on delivery vans/trucks												
Tax on storage for combustible/flammable of												
explosive substance												
Tax on signboard/billboards												
REGULATORY FEES AND CHARGES												
Mayor's Permit Fee												
Garbage Charges  Delivery Trucks/Vans Permit Fee												
Sanitary Inspection Fee												
Electrical Inspection Fee												
Mechanical Inspection Fee												
Plumbing Inspection Fee												
Signboard/Billboard Renewal Fee Signboard/Billboard Permit Fee												
Storage and Sale of Combustible/Flammable												
or Explosive Substance												
Others;												
Occupational ID  Business Registration Plate												
Business renewal sticker												
Market Rental												
VERIF	CATION	N OF DOCUMENT	TS / RE	COMMEND	ATION FOR APP	ROVAL						
Description	Office/Agency			Date Issued		VERIFIED BY: (BPLO STAFF)						
Zoning Clearance	Zoning	g Administration										
Sanitary / Health Clearance	City Health Department											
Occupancy Permit/Annual Inspection	Building Official											
Fire Safety Inspection Certificate	City Fire Department											
Market Clearance	City Market Office											
Cooperative's Clearance	City Cooperative Office											
BIR Clearance	Bureau of Internal Revenue											
Others, please specify:												
, , , , , , , , , , , , , , , , , , ,												
						1						
					<u>PET</u>	ER B. MIGI	JEL, M.D.,	FPSO-HNS				
Assessment Reviewed / Evaluated by:  Approval Recommended / Approval												
Instructions:												
1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.												
2. Ensure that all documents attached to this												