



REPUBLIC OF THE PHILIPPINES  
 PROVINCE OF NEGROS OCCIDENTAL  
 CITY OF KABANKALAN  
 BUSINESS PERMIT AND LICENSING OFFICE

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**UNIFIED APPLICATION FORM FOR NEW BUSINESS PERMIT**

		Payment			Date of Receipt _____
	NEW	Annually			Tracking Number _____
	RENEWAL	Bi-annually			Business ID Number _____
	ADDITIONAL	Quarterly			

**A. BUSINESS INFORMATION AND REGISTRATION**

Please choose one  Sole Proprietorship  One Person Corporation  Partnership  Corporation  Cooperative

Male  Female  Male  Female

DTI/SEC/CDA Registration Number: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name/Franchise (if applicable): \_\_\_\_\_

Main Office Address: House/Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_

City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_

(For Sole Proprietorship) Name of Owner:	Surname	Given Name	Middle Name	Suffix
(For Corporations/Cooperative/ Partnerships) Name of President/Officer in Charge:	Surname	Given Name	Middle Name	Suffix

For Corporation:  Filipino  Foreign

**B. BUSINESS OPERATION**

Business Area (in sq.m):	Total No. of Employees in Establishment	No. of Employees	No. of Delivery Vehicles (If applicable)
Total Floor Area (in sq.m):	Male _____ Female _____	Residing within _____	Van/Truck _____ Motorcycle _____

Same as Main Office Address

Business Location Address: House /Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_

City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Owned?  Yes  No If Yes, Tax Declaration No. \_\_\_\_\_ or Property Identification No. \_\_\_\_\_

Total Capitalization (PH): \_\_\_\_\_

Do you have tax incentives from any Government Entity?  Yes (Please attach a copy of your certificate)  No

Business Activity (Please check one):  Main Office  Branch Office  Admin Office Only  Warehouse  Others Pls. Specify \_\_\_\_\_

Line of Business	Phillippine Standard Industrial Code (If Available)	Products/Services

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 \_\_\_\_\_. 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. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its Implementing Rules and Regulations) and account transaction information or records with the City/Municipal Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

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

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