



REPUBLIC OF THE PHILIPPINES
PASIG CITY
BUSINESS PERMIT AND LICENSING DEPARTMENT



UNIFIED BUSINESS APPLICATION FORM

Type of Application	<input type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> Retirement <input type="radio"/> Amendment <input type="radio"/> Special Permit	Date of Application (mm/dd/yyyy):	<input type="text"/>
Mode of Payment	<input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annually	Payment Options:	<input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Card
Kind of Ownership	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Cooperative	Delivery Options:	<input type="radio"/> Pick-up <input type="radio"/> Courier with Fee <i>(once and if available)</i>

FOR SPECIAL PERMIT

<input type="radio"/> RETAILER(TIANGGEE)	<input type="radio"/> TODA	<input type="radio"/> UV EXPRESS/ODA	<input type="radio"/> HOME OWNER	<input type="radio"/> NGO	<input type="radio"/> POSTING OF GUARDS	<input type="radio"/> AMBULANT VENDORS	<input type="radio"/> SARI-SARI
(3 Months or Less) 1. Barangay Clearance 2. Contract of Lease/MOA 3. DTI/SEC	1. Barangay Clearance 2. Certificate from TORO 3. SEC	1. Barangay Clearance 2. TPMO Clearance 3. Resolution from Sanggunian 4. SEC	1. Barangay Clearance 2. Certificate from HLURB	1. Barangay Clearance 2. Contract of Lease 3. DTI/SEC	1. Barangay Clearance 2. Business Permit from the City 3. NBI of the Security Guard	1. Barangay Clearance 2. Cert. From Yakult 3. Health Card	1. Picture of the place of business (front) 2. Government-issued ID 3. Sanitary Permit 4. Health Certificate

BASIC REQUIREMENTS FOR BUSINESS (please visit pasigcity.gov.ph for other requirements specific to line of business):

A) NEW BUSINESS/CHANGE ADDRESS	B) BUSINESS RENEWAL	C) RETIREMENT	D) AMENDMENT
<input type="checkbox"/> DTI/ SEC Registration/ Articles of Partnership/ Incorporation <input type="checkbox"/> Certificate of Conformance <input type="checkbox"/> Barangay Clearance	<input type="checkbox"/> Colored photo of Establishment (front) <input type="checkbox"/> Location Map/ Sketch of Business Address <input type="checkbox"/> Lease Contract/ Proof of Ownership	<input type="checkbox"/> VAT/ Percentage Tax Return (Monthly/ Quarterly) <input type="checkbox"/> Breakdown of Sales per Branch, if applicable <input type="checkbox"/> Prior year ITR/ Audited Financial Statements <input type="checkbox"/> Certificate of Gross Sales/ Receipts	<input type="checkbox"/> Barangay Certificate of Business Retirement/ Cessation <input type="checkbox"/> Previous Year ITR/ AFS <input type="checkbox"/> Current Year VAT/ Percentage Tax Return (Monthly/ Quarterly)
			<input type="checkbox"/> Change of Business Name/DTI/ Amended SEC/ Articles of Incorporation <input type="checkbox"/> Change of Business Address/Brgy. Clearance, Cert. of Conformance, Lease Contract/ Proof of Ownership <input type="checkbox"/> Change in Gross Declaration/ITR/ AFS/ VAT/ Percentage Tax Return <input type="checkbox"/> Others

BUSINESS INFORMATION

Business Name:	Business ID No. for Renewal:
Trade Name/Franchise Name(if applicable):	
Business Address House/Unit No./Building No./Building Name/Lot No./Block No./Street/Phase No./Subdivision:	Barangay: <input type="text"/> Town/City/Province:
DTI/SEC/CDA Reg. No.:	Tax Identification Number (TIN):
Landline No.:	Mobile No.:
	E-mail Address:
	<input type="radio"/> Main <input type="radio"/> Branch Office

OWNER'S INFORMATION

For Individual - Last Name:	First Name	Middle Name	Suffix	Sex
				<input type="radio"/> Male <input type="radio"/> Female
Owner's Address House/Unit No./Building No./Building Name/Lot No./Block No./Street/Phase No./Subdivision:	Barangay:	Town/City/Province:	Zip Code:	
For Corporation/Partnership/Cooperative: Name of Corporate President/CEO/Treasurer:				
Landline No.:	Mobile No.:	E-mail Address:		

BUSINESS DATA

Admin Office Area (sq. m.)	Virtual Office Area(sq. m.)	Common Area(sq. m.)	Parking Area(sq.m.)	If place of business is being rented, please identify the following Lessor's Information:	Name of Lessor	Monthly Rental
Actual No. of Employees >>	Total	No. of Employees: Male: Female:			Lessor's Address	Tax Dec. No.
No. of Employees Residing in Pasig City:	No. of Employees Working From Home:			For CTC Purpose:	If principal office w/in Pasig (Corporation) Assessed value of Real Properties w/in the Philippines.	Php
Signboard(in sq. m.)>>	Neon: Non-Neon: One-Faced: Double Faced:				If Individual resides in Pasig previous year compensation/professional income if any (profession)	Php
Delivery Vehicles>>	Del. Truck/Van: Tricycle: Motorcycle: Pedicab:			For Lessors Only	Commercial	No. of Unit/s
For those using Weights and Measures	No. of Weighing Scales	No. of Nozzles for Gas Station			Residential	No. of Unit/s

DECLARATIONS

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

BUSINESS ACTIVITY LINE OF BUSINESS	PSIC PER BIR REGISTRATION	CURRENT CAPITALIZATION	GROSS SALES / RECEIPTS	
			PREVIOUS DECLARATION (please attached previous TOP)	CURRENT DECLARATION

Please attach additional Unified Application Form, if necessary.

I hereby Declare and affirm that 1)the information provided in this application is true and correct. 2) The supporting documents attached are valid and 3) I consent to the verification by the BPLD the information I provided to establish our business particulars, and further consent to it's use for lawful purpose. 4) I am aware that the information provided in this application will be treated in accordance and relevant privacy regulations. 5) I am aware that making false statements in this application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application of Business Permit.

Print Name and Signature of Applicant/Representative/Position/Title Note : Kindly attach Valid ID of Applicant : If representative, kindly attach Authorization Letter and Valid ID of Applicant and Representative	Schedule of Payment
	Jan.3-Jan.20(1st Qtr) Jul.1-Jul.20(3rd Qtr)
	Apr.1-Apr.20(2nd Qtr) Oct.1-Oct.20(4th Qtr)

For Business Permit and Licensing Department Reviewed By:	For Building and Electrical Office Reviewed by:	For Bureau of Fire Protection Reviewed by:
	FOR NEW BUSINESS ONLY	
Control No. - Online	Occupancy Permit No. (If Available)	FSIC Validity Date: FSIC Control No.