



REPUBLIC OF THE PHILIPPINES
PASIG CITY
BUSINESS PERMIT AND LICENSING DEPARTMENT



YEAR 2024 UNIFIED BUSINESS APPLICATION FORM

Type of Application	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Retirement <input type="checkbox"/> Amendment <input type="checkbox"/> Special Permit	Date of Application (mm/dd/yyyy):
Mode of Payment	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Kind of Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperativ	Delivery Options <input type="checkbox"/> Pick up <input type="checkbox"/> With Courier Fee

FOR SPECIAL PERMIT							
<input type="checkbox"/> Retailer(Tiangge Org.)	<input type="checkbox"/> TODA	<input type="checkbox"/> UV EXPRESS/ODA	<input type="checkbox"/> HOME OWNER ASSN	<input type="checkbox"/> NGO	<input type="checkbox"/> POSTING OF GUARDS	<input type="checkbox"/> AMBULANT VENDORS	<input type="checkbox"/> SARI-SARI STORES
(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 DSHUD	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. Business Permit from the City 3. Health Card	Per Pasig City Ord. No.54, S2022 1. Picture of Est (front/inside) 2. Govt Issued ID 3. Sanitary Permit 4. Health Certificate 5. Barangay Clearance

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

A) NEW BUSINESS/CHANGE ADDRESS <input type="checkbox"/> DTI/ SEC Registration/ Articles of Partnership/ Incorporation <input type="checkbox"/> Certificate of Conformance CPDO (6th Floor) <input type="checkbox"/> Barangay Clearance <input type="checkbox"/> Lease Contract/ Proof of Ownership	B) BUSINESS RENEWAL <input type="checkbox"/> Colored photo of Establishment (front/inside) <input type="checkbox"/> Breakdown of Sales per Branch, if applicable <input type="checkbox"/> Location Map/ Sketch of Business Address <input type="checkbox"/> Sworn Statement of Gross Sales/ Receipts <input type="checkbox"/> If HOA-Bldg Admin Cert <input type="checkbox"/> Others (Please see attached list)	<input type="checkbox"/> Previous Tax Order of Payment/Assessment <input type="checkbox"/> Sworn Statement of Gross Sales/ Receipts <input type="checkbox"/> VAT/Percentage Tax Return (Previous Year) <input type="checkbox"/> Prior year ITR/Audited Financial Statement (Treasury Requirement for Payment)	C) RETIREMENT <input type="checkbox"/> Barangay Certificate of Business Retirement/ Cessation <input type="checkbox"/> Current Year VAT/Percentage Tax Return (Monthly/Quarterly) <input type="checkbox"/> Previous Year ITR/ AFS <input type="checkbox"/> Current Business Permit and Plate	D) AMENDMENT <input type="checkbox"/> Change of Business Name/DTI/Amended SEC/Articles of Incorporation (if applicable) <input type="checkbox"/> Change of Business Address Brgy. Clearance, Cert. of Conformance, Lease Contract/ Proof of Ownership Pict of Establishment, Location on Map, Affidavit of change address FSIC, CENRO, Sanitary Permit <input type="checkbox"/> Additional/Change line of Business <input type="checkbox"/> Others Pls see attached, including specific requirements
---	--	--	---	---

BUSINESS INFORMATION FOR CORPORATION (all fields must be filled out)

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: Pasig City, NCR
SEC/CDA Reg. No.:	Tax Identification Number (TIN):	<input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office
Landline No.:	Office Mobile No.:	Office E-mail Address :
Name of Corporate President/CEO/Treasurer:		

BUSINESS INFORMATION FOR SINGLE PROPRIETOR (all fields must be filled out)

Trade Name/Franchise Name(if applicable):		
For Individual - Last Name:	First Name	Middle Name
		Suffix
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Business Address House/Unit No./Building No./Building Name/Lot No./Block No./Street/Phase No./Subdivision:		Barangay: Town/City/Province: Zip Code:
Landline No.:	Mobile No.:	E-mail Address:

BUSINESS DATA

Admin Office Area (sqm.)	Total Business Area(sqm.)	Common Area(sqm.)	Parking Area(sqm.)	Virtual Office Area(sq. m.)	If place of business is being rented, please identify the following Lessor's Information: Name of Lessor: Lessor's Address: Tax Dec. No.	Monthly rental Php
Actual No. of Employees	Total:	No. of Employees: Male: Female:				
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 ft)	Neon:	Non-Neon:	One-Faced:			Double Faced:
Delivery Vehicles	Del. Truck/Van:	Tricycle:	Motorcycle:	Pedicab:	For Lessors Only Commercial No. of Unit/s Total area (in sq. m.) Residential No. of Unit/s Total area (in sq. m.)	
For those using Weights and Measures	No. of Weighing Scales	No. of Nozzles for Gas Station				

DECLARATIONS

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

PSIC PER BIR REGISTRATION	BUSINESS ACTIVITY LINE OF BUSINESS	CURRENT CAPITALIZATION (For New Business Only) Indicate capital if additional Line of Business	GROSS SALES / RECEIPTS	
			PREVIOUS DECLARATION	CURRENT DECLARATION

For Multiple Lines of Business, Please attach additional sheet, 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 its use for lawful purpose. 4) I am aware that the information provided in this application will be treated in accordance with 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, revocation, cancellation, and or denial of application of Business Permit and Registration.

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.2-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 NEW BUSINESS ONLY FSIC validity date: FSIC control no.: Occ. Permit no.:	For Bureau of Fire Protection Reviewed by:
--	---	---

Control No. 00001