



REPUBLIC OF THE PHILIPPINES
PASIG CITY
BUSINESS PERMIT AND LICENSING DEPARTMENT
UNIFIED BUSINESS APPLICATION FORM

BPLD - AF - 001 - REV.007- AUG 2024



Date of Application (mm/dd/yyyy): _____

BUSINESS ID NO.: _____

Type of Application	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> SPECIAL PERMIT
Term of Payment	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual		

GENERAL INSTRUCTIONS

- For **New Business & Special Permit (Single Proprietorship), Partnership, Corporation & Cooperative**, fill out sections A, B, and C.
- For **Amendment of Business data**, fill out section A and appropriate fields.
- For **Renewal & Business Retirement**, fill out sections A and C only.

BASIC REQUIREMENTS FOR BUSINESS (Do not write on this section, for BPLD use only)

NEW BUSINESS	BUSINESS RENEWAL	AMENDMENT	RETIREMENT
Please bring original and photocopy <input type="checkbox"/> Authorization Letter with Valid I.Ds <input type="checkbox"/> Barangay Clearance <input type="checkbox"/> Lease Contract/ Proof of Ownership <input type="checkbox"/> Certificate of Conformance (City Planning) <input type="checkbox"/> DTI/ SEC Registration/ Articles of Partnership/ Incorporation <input type="checkbox"/> Colored photo of Establishment (front/inside) <input type="checkbox"/> Location Map/ Sketch of Business Address <input type="checkbox"/> If HOA-Bldg Admin Cert <input type="checkbox"/> Others: _____	Please bring original and photocopy <input type="checkbox"/> Authorization Letter with Valid I.Ds <input type="checkbox"/> Previous Tax Order of Payment/Assessment <input type="checkbox"/> Breakdown of Sales per Branch, if applicable <input type="checkbox"/> Sworn Certificate 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) <input type="checkbox"/> Previous Sanitary, Cenro, Fire Safety Inspection Certificate, Certificate of Conformance (For Mayor's Permit purposes) <input type="checkbox"/> Others: _____	Please bring original and photocopy <input type="checkbox"/> Authorization Letter with Valid I.Ds <input type="checkbox"/> Change of Business Name: DTI or SEC/ Articles of Incorporation (if applicable) <input type="checkbox"/> Change of Business Address: Brgy. Clearance, Certificate of Conformance, Lease Contract/Proof of Ownership Pict of Establishment, Location Map <input type="checkbox"/> Additional/Change Line of Business: Certificate of Conformance, Amended SEC/ Articles of Incorporation <input type="checkbox"/> Additional Employee/s: SSS Remittance <input type="checkbox"/> Others: _____	Please bring original and photocopy <input type="checkbox"/> Authorization Letter with Valid I.Ds <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 Tax Order of Payment, Business Permit and Plate <input type="checkbox"/> Others: _____

Type of Ownership Sole Proprietorship Partnership Corporation Cooperative

A. OWNER'S AND BUSINESS INFORMATION (all fields must be filled out)

Surname:	Given Name:	Middle Name:	Suffix:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:				
Business Name:				
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			Zip Code
Office Contact Number (Mobile/Landline):	Office E-mail Address: <input type="checkbox"/> gmail.com <input type="checkbox"/> yahoo.com			

B. BUSINESS DATA (all fields must be filled out)

Capitalization (for new business only):		SEC/DTI No.:		TIN:	
Business Area (m ²):		Total No. of Employees: Male: Female:		No. of Weighing Scales:	
Common Area (m ²):		No. of Employees Residing in Pasig City :			
For Lessors only	Commercial	No. of Units:	Total Area(m ²):	Delivery Vehicle	Pedicabs:
	Residential	No. of Units:	Total Area(m ²):	Signboard (in m ²)	Tricycles/Motorcycles:
				<input type="checkbox"/> One-Faced	Neon
				<input type="checkbox"/> Double Faced	Non-Neon

C. DECLARATIONS

LINE OF BUSINESS	PSIC	GROSS SALES / RECEIPTS	
		PREVIOUS YEAR	CURRENT YEAR

Please attach additional sheet, if necessary

I hereby Declare and Affirm that 1) The information provided in this application is/are true and correct. 2) The supporting documents attached are valid and 3) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 4) 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.

Reviewed & Approved by:

Printed Name and Signature of Applicant/Representative _____ Business Permit and Licensing Department

SCHEDULE OF PAYMENTS

January 2 - January 20 (1st Qtr)	April 1 - April 20 (2nd Qtr)	July 1 - July 20 (3rd Qtr)	October 1 - October 20 (4th Qtr)
Please present the Audited FS/ITR of the current year on or before May 30 of the current year for Gross Sales verification or voluntary adjustment to avoid penalties.			

For additional requirements, please see attached list or visit <https://pasigcity.gov.ph/downloadable-forms> **FSIC Validity Date**