



Republic of the Philippines  
Province of Surigao del Sur  
Municipality of Cantilan



## UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

Fiscal Year: \_\_\_\_\_

TO BE FILLED-UP BY BPLO

### APPLICATION TYPE

New  
 Renewal  
 Additional

### PAYMENT MODE

Annually  
 Bi-annually  
 Quarterly

Date of Receipt: \_\_\_\_\_  
Tracking Number: \_\_\_\_\_  
Business ID No.: \_\_\_\_\_  
Remarks: \_\_\_\_\_

### BUSINESS INFORMATION REGISTRATION

Please choose one  Sole Proprietorship  One Person Corporation  Partnership  Corporation  Cooperative  
 Male  Female  Male  Female With installed CCTV?  Yes  No

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

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

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

### MAIN OFFICE ADDRESS:

House/Bldg No.: \_\_\_\_\_ Name of Bldg.: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_

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

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

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

(For Sole Proprietorship) Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Name of Owner

(For Corp./Part./Coop.) Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Name Of President/  
Officer in Charge:

For Corporation:  Filipino  Foreign

### BUSINESS OPERATION

Business Area (in sq.m): \_\_\_\_\_ Total Number of Employees in Establishment \_\_\_\_\_ No of Employees Residing \_\_\_\_\_ Number of Delivery Vehicles (if applicable) \_\_\_\_\_

Total Floor Area (in sq.m): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Within Cantilan: \_\_\_\_\_ Van/Truck: \_\_\_\_\_ Motorcycle: \_\_\_\_\_

Same as Main Office Address

### BUSINESS ADDRESS

House/Bldg No.: \_\_\_\_\_ Name of Bldg.: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_

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

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

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

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 (please specify) \_\_\_\_\_

### Total Capital Investment (Paid up Capital + Lease Expenses + Equipments):

Line of Business	Philippine Standard Industrial Code (if available)	Products/Services	No. Of Units	Last Year's Gross Sales/Receipts

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 San Jose City Government. 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 2021 and it Implementing Rules and Regulations) and account transaction information or records with the City 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

Recommending Approval:

**RAUL BERNABE UBIZTONDO**

Local Collection Officer I / BPLO Designate

CTC No.: \_\_\_\_\_  
Issued on: \_\_\_\_\_  
Issued at: \_\_\_\_\_

VERIFICATION OF DOCUMENTS (Appropriate department shall fill-up this section)							
DESCRIPTION	OFFICE AGENCY	COMPLIANCE			REMARKS	EVALUATED BY	DATE
		Y	N	NR			
Land Tax Certification	Land Tax Division						
Public Market Certification	Mun. Public Market						
Zoning Clearance	Mun. Planning & Dev't. Office						
Occupancy Permit (for new)	Mun. Engineering Office						
Health and Sanitary Permit	Mun. Health Office						
Tourism Clearance	Mun. Tourism Office						
MENRO Clearance	MENRO						
<input type="checkbox"/> Fire Safety Inspection Certificate	Municipal Fire Department						
<input type="checkbox"/> SSS Clearance	SSS						
<input type="checkbox"/> Phil-Health Clearance	Phil-Health						
<input type="checkbox"/>							
<input type="checkbox"/>							

\*Y – Yes \*N – No \*NR – Not Required

Supporting papers examined and verified:

Approval recommended by:

**MARY JANE C. CANTUTAY**  
Assistant Municipal Treasurer

ENGINEERING FEES	AMOUNT
1. Mechanical Fee	
2. Plumbing Fee	
3. Electrical Fee	
4. Signboard Fee	
5. Annual Inspection Fee	
6. Electronics	
<b>TOTAL</b>	

REMARKS & OTHER REQUIREMENTS
CLIENT FEEDBACK SECTION (Check "✓" the box which corresponds to your level of satisfaction)
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory
Comments and Suggestions