



Republic of the Philippines  
Province of Cavite  
CITY OF BACOOR  
BUSINESS PERMIT AND LICENSING OFFICE  
TAX YEAR \_\_\_\_\_

<input type="checkbox"/> New <input type="checkbox"/> Renewal	Mode of Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> <b>Amendment:</b> <input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Single <input type="checkbox"/> From Corporation to Partnership
Date of Application:		DTI/SEC/CDA Registration No.:
Account No.		DTI/SEC/CDA Date of Registration No.:
Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		CTC No.:
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		TIN:
Please specify the entity:		
Name of Taxpayer/Corporate Name:		
Last Name:		First Name:
		Middle Name:
Business Name:		Trade Name/Franchise:
Name of President/Treasurer of Corporation:		
Last Name:		First Name:
		Middle Name:
Business Address:		Owner's Address:
House No./Bldg. No. & Bldg. Name:		House No./Bldg. No. & Bldg. Name:
Unit No./Street No. & Street Name:		Unit No./Street No. & Street Name:
Block No.: Lot No.: Phase No.		Block No.: Lot No.: Phase No.
Subdivision:		Subdivision:
Barangay:		Barangay:
City/Municipality:		City/Municipality:
Province:		Province:
Tel. No. & Mobile No.:		Tel. No. & Mobile No.:
Email Address:		Email Address:
Property Index Number (PIN):		
Business Area (in sq m):	Total No. of Employees:	No. of Employees residing in City/Municipality:
If Place of Business is Rented, please identify the following: Lessor's Name:		Gross Monthly Rental
Last Name:		First Name:
		Middle Name:
Lessor's Address:		
House No./Bldg. No. & Building Name:		City/Municipality:
Street No. & Street Name:		Province:
Subdivision:		Tel. No. / Mobile No.:
Barangay:		Email Address:
Business Activity		No. of Units
Code	Line of Business	Capitalization (for New Business)
		Gross Sales/Receipts (for Renewal)
		Essential
		Non-Essential
<b>Oath of Undertaking:</b> I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit. Any violations and non compliance shall mean the automatic revocation and cancellation of the same.		
SIGNATURE OF APPLICANT OVER PRINTED NAME		
POSITION/TITLE		
REGULATORY FEES		AMOUNT DUE
PENALTY		TOTAL
ASSESSSED/VERIFIED BY		
Sanitary Inspection Fee		
Fire Inspection Fee		
Building Inspection Fee		
Electrical Inspection Fee		
Plumbing Inspection Fee		
Signboard/Billboard Fee		
Mechanical Inspection Fee		
Zoning Inspection Fee		
Others, please specify:		
Assessment reviewed by:		Approval recommended by:
Approved By: HON. LANI MERCADO - REVILLA		FRANCISCO J. OCAMPO
City Mayor		Department Head

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_ at the City/Municipality of \_\_\_\_\_ affiant exhibited to me his/her  
Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

Business Plate No. \_\_\_\_\_ OR No./Date \_\_\_\_\_  
Sticker No. \_\_\_\_\_