

**APPLICATION FORM FOR BUSINESS PERMIT  
MANDAUE CITY**



TAX YEAR \_\_\_\_\_

- New
- Renew
- Additional

- Transfer:**
- Ownership
- Location

- Amendment:**
- From Single to Partnership
- From Single to Corporation
- From Partnership to Single
- From Partnership to Corporation
- From Corporation to Single
- From Corporation to Partnership

- Mode of Payment:**
- Annually
- Bi-Annually
- Quarterly

Date of Application \_\_\_\_\_ DTI/SEC/CDA Registration No.: \_\_\_\_\_

Reference No.: \_\_\_\_\_ DTI/SEC/CDA Date of Registration: \_\_\_\_\_

Type of Organization:      Single      Partnership      Corporation      Cooperative      CTC No. \_\_\_\_\_      TIN: \_\_\_\_\_

Are you enjoying tax incentive from any Government Entity?      ( ) Yes      ( ) No      Please specify the entity: \_\_\_\_\_

Name of Taxpayer: \_\_\_\_\_

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./Building No.	House No./Building No.
Building Name	Building Name
Unit No.	Unit No.
Street	Street
Barangay	Barangay
Subdivision	Subdivision
City/Municipality	City/Municipality
Province	Province
Tel. No.	Tel. No.
Email Address	Email Address

House No./Building No. \_\_\_\_\_

Building Name \_\_\_\_\_

Unit No. \_\_\_\_\_

Street \_\_\_\_\_

Barangay \_\_\_\_\_

Subdivision \_\_\_\_\_

City/Municipality \_\_\_\_\_

Province \_\_\_\_\_

Tel. No. \_\_\_\_\_

Email Address \_\_\_\_\_

Property Index No. (PIN): \_\_\_\_\_

Business Area (in sqm): \_\_\_\_\_ Total No. of Employees in Establishment: \_\_\_\_\_ # of Employees Residing in LGU: \_\_\_\_\_

If Place of Business is Rented, please identify the following: \_\_\_\_\_ Lessor's Name \_\_\_\_\_ Monthly Rental: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Lessor's Address \_\_\_\_\_

House No./Building No. \_\_\_\_\_ Subdivision \_\_\_\_\_

Street \_\_\_\_\_ City/Municipality \_\_\_\_\_

Barangay \_\_\_\_\_ Province \_\_\_\_\_

Tel. No. \_\_\_\_\_ Email Address \_\_\_\_\_

In case of Emergency: \_\_\_\_\_ Contact Person/Tel. No./Mobile Phone No./Email Address: \_\_\_\_\_

Business Activity		No. of Units	Capitalization (for new business)	Gross Sales / Receipts (for renewal)	
Code	Line of Business			Essential	Non-Essential

**Oath of Undertaking**

*I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.*

SIGNATURE OF APPLICANT OVER PRINTED NAME	POSITION/TITLE
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