

# APPLICATION FOR BUSINESS PERMIT

Control No. \_\_\_\_\_

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

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

Name of Trade/Business \_\_\_\_\_

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

(Please sketch location at the back pages hereof)

Form of Business Organization  Corporation  Partnership

Sole Proprietorship

Area of Business Establishment Occupied (in square meters) \_\_\_\_\_

Name of Lessor (if renting): \_\_\_\_\_ Address: \_\_\_\_\_

Amount of Rent: \_\_\_\_\_ Date Started Renting: \_\_\_\_\_

Kind of Business Engaged Into:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Amount of Capital Invested: P \_\_\_\_\_

No. of Delivery Vehicles 2 Wheels \_\_\_\_\_ 3 Wheels \_\_\_\_\_ 4Wheels \_\_\_\_\_

6 Wheels \_\_\_\_\_ 10 Wheels up \_\_\_\_\_

The Honorable City Mayor

Mandaue City

Sir :

As  Owner/Proprietor  President/Manager of the above trade or business name and address, may I have the honor to apply for a Business Permit subject to verification by your representative to determine compliance of locational clearance.

In connection therewith, I hereby promise to faithfully comply with all the laws, ordinances, and implementing rules and regulations, promulgated by the duly constituted authorities, and to observe under pain of penalty for violation thereof, of the following:

1. To promptly pay whatever amount of tax and fees that may be imposed by the City Government of Mandaue;
2. To refrain from operating the business upon expiration of the permit or to engage in any other business without first securing a separate Business Permit;
3. To forthwith surrender this permit to your office thru the Office of the City Treasurer upon retirement or to present the said permit upon application for renewal;
4. To post the permit in conspicuous place in the establishment together with all the receipts evidencing payments of taxes, fees and other charges, and
5. To operate only the business/es granted approval under this application.

Your favorable consideration on this application would highly be appreciated by the undersigned.

**Important: Secure approval of your application for retirement when closing your business to avoid penalties and interest.**

\_\_\_\_\_  
Signature of Applicant

TIN \_\_\_\_\_

CTC No. \_\_\_\_\_

Issued at \_\_\_\_\_

Issued on \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_  
200\_\_ at Mandaue City.

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public