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APPLICATION FORM FOR BUSINESS PERMIT  
TAX YEAR \_\_\_\_\_

MUNICIPALITY OF MARILAO

Tel. Nos.: (044) 896-2931 loc. 1106  
0943-701-5779

**INSTRUCTIONS:**

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attach to this form (if any) are complete and properly filled out.

**I. APPLICANT SECTION**

**1. BASIC INFORMATION**

New  Renewal  Closure Transfer:  Location  Business Name

Mode of Payment:  Annually  Semi-Annually  Quarterly

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

**TIN:**

Type of Business:  Single  Partnership  Corporation  Cooperative

Amendments: From  Single  Partnership  Corporation  Cooperative

To  Single  Partnership  Corporation  Cooperative

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

Name of Taxpayer/Registrant \_\_\_\_\_

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

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

Trade name/Franchise: \_\_\_\_\_

**2. OTHER INFORMATION**

**Note: For renewal applications, do not fill up this section unless certain information have changed.**

Business Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

In case of emergency, provide name of contact person: \_\_\_\_\_

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

Business Area (in sq.m.) \_\_\_\_\_ Total No. of Employees in Establishment: \_\_\_\_\_ No. of Employees Residing within LGU: \_\_\_\_\_

**Note: Fill up Only if Business Place is Rented**

Lessor's Full Name: \_\_\_\_\_

Lessor's Full Address: \_\_\_\_\_

Lessor's Full Telephone/Mobile No.: \_\_\_\_\_

Lessor's Email Address: \_\_\_\_\_

Monthly Rental: \_\_\_\_\_

**3. BUSINESS ACTIVITY**

Line of Business	No. of Units	Capitalization (for New Business)	Gross/Sales Receipt (for Renewal)	
			Essential	Non-Essential

**I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the Business Permit.**

Signature of Applicant/Taxpayer over Printed Name

Position/Title

**ANNEX 1 (Page 2 of 2) Application Form for Business Permit**

**II. LGU SECTION (Do Not Fill Up This Form)**

**1. VERIFICATION OF DOCUMENTS**

Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	Engineering's Office			
Barangay Business Clearance (For Renewal)	Barangay			
Sanitary Permit (Health Clearance)	Mun. Health Office			
Municipal Environmental Certificate/ Locational Clearance	Mun. Environmental & Natural Resource Office/MPDO			
Tax Clearance	Assessor's Office			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			

Verified by BPLO

\_\_\_\_\_  
MARTIN ARMANDO C. CRUZ

**2. ASSESSMENT OF APPLICABLE FEES**

Local Taxes	Amount Due	Penalty/Surcharge	Total
Gross Sales Tax			
Tax on Delivery Vans/Trucks			
Tax on Storage for Combustible/ Flammable of Explosive Substance			
Tax on Signboards/Billboards			

**REGULATORY FEES AND CHARGES**

Mayor's Permit Fee			
Garbage Charges			
Delivery Trucks/Vans Permit Fee			
Sanitary Inspection Fee			
Building Inspection Fee			
Electrical Inspection Fee			
Mechanical Inspection Fee			
Plumbing Inspection Fee			
Signboard/Billboard Renewal Fee			
Storage and Sale of Combustible/ Flammable or Explosive Substance			
Other			
<b>TOTAL FEES for LGU</b>			

**FIRE SAFETY INSPECTION FEE (10%)**

Assessed by: MTO

FSIF Assessment Approved by: BFP

\_\_\_\_\_

\_\_\_\_\_

**III. MUNICIPAL FIRE STATION SECTION**

DATE \_\_\_\_\_

APPLICATION NO.: \_\_\_\_\_  
(TO BE FILLED UP BY APPLICANT/OWNER)

Name of Applicant/Owner: \_\_\_\_\_

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

Total Floor Area: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Owner

Certified by:  
Customer Relation Officer  
Time and Date Received:

**FIRE SAFETY INSPECTION  
FEE ASSESSMENT:**

*Important Notice: As per section 12 of implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and explosion hazard insurance companies, and vendors of fire fighting equipment, appliances and devices) may be required to pay additional charges and fees other than Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of fire Protection (BFP).*