

Date :

Name of Business	:	
Business Address	:	No./Street/Subdivision
Name of Business	:	



Republic of the Philippines
Province of Nueva Ecija
City of Gapan
BUSINESS PERMIT AND LICENSING OFFICE
E-mail Add: *bplonuevaecuja_gapancity@yahoo.com*
Tel. no.: 044-486-0513 loc. 152



New Business
 Renewal

Retirement
 Others

Annually
 Semi-Annual
 Quarterly

Date : _____

Application No. _____

BUSINESS INFORMATION			
<input type="checkbox"/> DT <input type="checkbox"/> S <input type="checkbox"/> CDA	Registration No.	Date	BIR certificate of Registration no. Date
Form of Business Organization (Pls. Check appropriate box)	<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative	
Name of Taxpayer : Last Name:		First Name:	Middle Name:
Business Name:			
Business Address	No./Street/Subdivision:		Barangay:
	Tel. No.:		Email Address :
Bldg. Permit No:	Occupancy Permit No.:	Lot Area(sq.m):	Floor Area(sq.m)
Date Issued :	Type of Occupancy:	Right over land:	
O.R. No.:	Project Nature:	Existing land use of proj. site:	
CCTV : <input type="checkbox"/> Yes <input type="checkbox"/> No (Bank,	()Improvement ()Permane		
Taxpayer Address	No./Street/Subdivision:		Barangay:
	Tel No.:	Email Address :	TIN number :

If place of Business is Rented, Please identify the following:

Lessor's Name:	Contact No.	Monthly Rental:
Lessor's Address:		

Line of Business	Total Number of Employee:	CAPITALIZATION (for New Business)
		GROSS RECEIPTS (for Renewal)

I DECLARE, UNDER THE PENALTIES OF PERJURY, that this application form has been accomplish in good faith, verified by me, and to my belief, is true and correct, pursuant to the provisions of the Local Government Code And the Ordinances issued under the authority thereof

Signature of Applicant

***** Do not write below this line *****

DESCRIPTION	OFFICE/ AGENCY	VERIFIED BY	SIGNATURE/DATE
Barangay Business Clearance	BARANGAY		
Zoning Clearance	CPDO		
Sanitary / Health Clearance	CITY HEALTH DEPARTMENT		
Occupancy Permit	OFFICE OF THE CITY ENGINEER		
Fire Safety Clearance	GAPAN CITY FIRE STATION		
SSS			
Philhealth			
Pag-Ibig			

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ City of Nueva Ecija affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____ on _____

Approval Recommended by:

Amount Paid : _____
O.R. No. : _____

MIGUEL RODRIGO P. PAJARILLO
Officer-in-Charge
Business Permit & Licensing Office

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 attached to this application form are complete and properly filled out.

to the best of my knowledge and
belief.

Japan,
_____.

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