



REPUBLIC OF THE PHILIPPINES
CITY OF PARAÑAQUE
BUSINESS PERMITS & LICENSING OFFICE
APPLICATION FOR NEW MAYOR'S PERMIT



TAX YEAR _____

GENERAL INSTRUCTIONS

1. Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (UPPER CASE/CAPITAL LETTERS).
2. All required data fields/information should be completely and clearly filled-out by the applicant;
3. Please ensure that ALL required documents are properly attached and that ALL necessary information is filled out. Incomplete submission of Application Form and/or requirements will be returned to the applicant and will not be processed.

TO BE FILLED-UP BY BPLO:

Tracking Number: _____
 Business Number: _____
 Philippine Standard Industrial Code: _____
 Philippine Standard Geographic Code: _____

A. DOCUMENTARY REQUIREMENTS

- DTI Registration (Single Proprietorship), SEC Registration with Articles of Incorporation (Corporation/Partnership), CDA Registration with Articles of Incorporation and Certificate of Good Standing (Cooperative).
- Photocopy of TCT/CTC/Tax Declaration (If Owned) | Photocopy of contract of lease & lessors permit (If Rented) | Photocopy of Usufruct Contract/Consent to use (Indicating Relationship between the Parties) with ATTACHED ID of signatory with three(3) original signature & photocopy of official receipt of real property TAX (CURRENT YEAR), TCT/ OCT (if Free of Use)
- Certificate of Occupancy - Valid Certificate of Occupancy for the building or structure where the business will operate (For All Applicants) | New Certificate of Occupancy is required of the applicant has conducted any fit-out, renovation, alteration, addition, conversion, or construction within the leased space/unit. (Additional Requirement)
- Colored picture of establishment (outside view with permanent signage (if applicable) and inside view)
- Vicinity map (sketch from main road/nearest landmark to establishment) Proof of total capitalization Applicable special requirement/s

B. BUSINESS INFORMATION AND REGISTRATION

FORM OF ORGANIZATION

- Sole Proprietorship Partnership Corporation One Person Corporation Cooperative

REGISTRATION NUMBER DTI/SEC/CDA

TIN

BUSINESS NAME

TRADE NAME

- Franchise IPO

MAIN OFFICE ADDRESS

House/Bldg. No _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Subdivision _____
 Barangay _____ City/Municipality _____ Province _____ Zip Code _____

NAME OF OWNER/PRESIDENT/OIC

Last Name _____ First Name _____ Middle Name _____ Suffix _____

CITIZENSHIP

SEX

- Male Female

RESIDENTIAL ADDRESS

House/Bldg. No _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Subdivision _____
 Barangay _____ City/Municipality _____ Province _____ Zip Code _____

CONTACT PERSON

Last Name _____ First Name _____ Middle Name _____ Suffix _____

MOBILE NO.

EMAIL

C. BUSINESS OPERATION

TOTAL CAPITAL INVESTMENT	TOTAL FLOOR AREA (IN SQM)	TOTAL NO. OF EMPLOYEES IN ESTABLISHMENT	TOTAL NO. OF EMPLOYEES RESIDING IN PARAÑAQUE	NO. OF DELIVERY VEHICLES	INTERNET SERVICE PROVIDER
_____	_____	(Male) _____ (Female) _____	_____	_____	_____

BUSINESS LOCATION

House/Bldg. No _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Subdivision _____
 Barangay _____ City/Municipality _____ Province _____ Zip Code _____

BUSINESS TYPE/STRUCTURE

- Main Office Regional Headquarters Regional Operating Headquarters Branch Warehouse Others _____

MONTHLY RENTAL OF PLACE OF BUSINESS

Not rented/free of use Monthly Rental _____ (Attached copy of Lease Contract)

DO YOU HAVE TAX INCENTIVES FROM ANY GOVERNMENT ENTITY?

No Yes, please specify _____ (Attached copy of Certificate)

LINE OF BUSINESS

PRODUCTS/SERVICES

I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the City Government of Parañaque. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of the permit. **Further, in compliance with the requirements of the Data Privacy Act, I/we am/are giving my/our consent in the collection, generation, use, processing, storage and retention of my/our personal data by the City Government Parañaque for the purpose(s) described in this document and to share my/our personal information obtained in the course of registering my/our business in Business Permits and Licensing Office (BPLO) in the City of Parañaque with any government agency, subdivision, department or Government-Owned and Controlled Corporations (GOCC) or third parties as may be consistent with applicable laws, rules and regulations.**

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

POSITION/DESIGNATION



APPLICANT'S COPY



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REGISTRATION NUMBER DTI/SEC/CDA

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BUSINESS NAME

TRADE NAME

- Franchise IPO

MAIN OFFICE ADDRESS

House/Bldg. No _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Subdivision _____
 Barangay _____ City/Municipality _____ Province _____ Zip Code _____

NAME OF OWNER/PRESIDENT/OIC

Last Name _____ First Name _____ Middle Name _____ Suffix _____

CITIZENSHIP

SEX

- Male Female

RESIDENTIAL ADDRESS

House/Bldg. No _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Subdivision _____
 Barangay _____ City/Municipality _____ Province _____ Zip Code _____

CONTACT PERSON

Last Name _____ First Name _____ Middle Name _____ Suffix _____

MOBILE NO.

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C. BUSINESS OPERATION

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_____ - _____ - _____

BUSINESS NAME

TRADE NAME

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NAME OF OWNER/PRESIDENT/OIC

Last Name _____ First Name _____ Middle Name _____ Suffix _____

CITIZENSHIP

- SEX**
 Male Female

RESIDENTIAL ADDRESS

House/Bldg. No _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Subdivision _____
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CONTACT PERSON

Last Name _____ First Name _____ Middle Name _____ Suffix _____

MOBILE NO.

EMAIL

C. BUSINESS OPERATION

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SEX

- Male Female

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POSITION/DESIGNATION _____



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_____ - _____ - _____

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MAIN OFFICE ADDRESS

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 Barangay _____ City/Municipality _____ Province _____ Zip Code _____

NAME OF OWNER/PRESIDENT/OIC

CITIZENSHIP

SEX

Last Name _____ First Name _____ Middle Name _____ Suffix _____

_____ Male Female

RESIDENTIAL ADDRESS

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CONTACT PERSON

MOBILE NO.

EMAIL

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C. BUSINESS OPERATION

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CTO COPY

