

MUNICIPALITY OF TAYTAY, RIZAL BUSINESS PERMIT AND LICENSING OFFICE



APPLICATION FOR **NEW** BUSINESS PERMIT

YAY, RO	TAX YEA	R:	Data Bassint	
Documentary Requ	uirements			
		1	Business ID Number:	
■ Tax Declaration / Transf	/ Written consent (if leased) fer of Title (TCT) (if owned) erior), Sketch location of busi			
Business Informa	ation and Registra	tion		
FOR	M OF ORGANIZATION	was less and the	AND THE PROPERTY OF THE PROPER	
Cooperative (○ Partnership ○ Co	orporation	Sole Proprietorship	Male Female
Cooperative		O	One Person Corporation	Male Female
Registration Number		TIN:		
BUSINESS NAME				
Trade Name / Franchise (if ap	plicable)			
Main Office Address				
Hou	se/Bldg. Np. Name of Bo	uilding E	Block No. Lot No.	Street
Subdivision Bara	ingay	City/Municipality	Province	Zip Code
Telephone Number: C	Owner Mobile No.:Re	epresentative Mobile No.:	Email Address:	
For Sole Proprietorship				
	Surname	Given Name	Middle Name	Suffix
For Corporation/Cooperative/I Name of President/Officer in				
Name of President, Officer in	Surname	Given Name	Middle Name	Suffix
BUSINESS OPERATION	Business Area (in sq.m.)	Total No. of Employee in Establishment	No. of Delivery Vehicles	Van / Truck:
	Total Floor Area (in sq.m)	Male Female		Motorcycle:
BUSINESS LOCATION				
	House/Bldg. No.	Name of Building	Block No. Lot No.	Street
Subdivision	Barangay Ci	ity/Municipality	Province	Zip Code
Owned? OYES ONO	If Yes, Tax Declaration No	Or I	Property Identification No)
Do you have Tax incentives fro	om any Government Entity?	Yes (Please attach a d	copy of your certificate)	○No
BUSINESS ACTIVITY	Main Office Branch Off	fice Admin Office Only	Warehouse	Others Pls Specify
LINE OF BUSINESS	CAPITALIZATION	PHILIPPINE STANDARD INDU (if applicable)	STRIAL CODE	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 Municipality of Taytay, Rizal. Any false or misleading information supplied or production of fake / falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulations) and account transaction information or records with the Municipal Government of Taytay, Rizal may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit of investigation of any authority.

SIGNATURE OF APPLICANT / OWNER OVER PRINTED NAME



MUNICIPALITY OF TAYTAY, RIZAL BUSINESS PERMIT AND LICENSING OFFICE (Smile)



APPLICATION FOR NEW BUSINESS PERMIT

	IAX TEAK:	Date Rec	:eipt :			
Documentary Requirements	New York	Tracking Nu	mber:			
■ SEC / CDA Registration / DTI		Business ID Nu	mber:			
■ Contract of lease / MOA / Written consent ■ Tax Declaration / Transfer of Title (TCT) (■ Photo (frontage and interior), Sketch loca ■ Certificate of occupancy (if required)	if owned)	Remarks:				
Business Information and Registration						
FORM OF ORGANIZATION						
		Sole Proprietor	ship Male Female			
Cooperative Partnership	Corporation	One Person Co	rporation Male Female			
Registration Number		TIN:				
BUSINESS NAME		79				
Trade Name / Franchise (if applicable)						
Main Office Address		1				
House/Bldg. Np.	Name of Building	Block No.	Lot No. Street			
Subdivision Barangay	City/Municipa	lity Pro	ovince Zip Code			
Telephone Number: Owner Mobile No.: Representative Mobile No.: Email Address:						
For Sole Proprietorship						
Surname	Given Na	me Middle Na	me Suffix			
For Corporation/Cooperative/Partnership Name of President/Officer in Charge	urname Gi	ven Name Middle	e Name Suffix			
	Tota	l No. of Employee No. of Delivery Establishment	y Vehicles			
BUSINESS OPERATION Business Area (in	(in sq.m)		Van / Truck:			
	эч/ ма	e <u>Female</u>	Motorcycle:			
BUSINESS LOCATION House/Bldg. No. Name of Building Block No. Lot No. Street						
Subdivision Barangay	City/Municipalit	y Province	Zip Code			
Owned? OYES ONO If Yes, Tax Dec	claration No	Or Property Identif	ication No.			
Do you have Tax incentives from any Government	t Entity? Yes	(Please attach a copy of your cer	tificate) No			
BUSINESS ACTIVITY						
LINE OF BUSINESS CAPITALIZAT	ION PHILIPP	INE STANDARD INDUSTRIAL CODE (If applicable)	PRODUCTS / SERVICES			
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