

Republic of the Philippines
Province of Negros Occidental
City of Kabankalan

APPLICATION FOR BUSINESS LICENSE AND PERMIT

NEW

RENEWAL

PERIOD

1. Name of Applicants/License: _____
2. Address: _____
3. Citizenship: _____
4. Business Name of Style: if any _____
5. Location: _____
6. Kind of Business Engaged: _____
7. Total Sales as of December 31, 20__ : _____
8. Total Purchase as of December 31, 20__ : _____
9. Total Expenses of December 31, 20__ : _____
10. Net Worth as of December 31, 20__ : _____
11. Nature of Business: _____
(Single Prop, Partnership or Corporation)
12. Books of Accounts Used: _____
13. Inclusive Serial Number of Sales Invoices, Official Receipt or Cash Slips used for previous year, 20__ : _____
14. Residence Certificate Number: _____
15. Taxpayers Account Number: _____
16. Registration Number/Certificate Number/ Permit Number _____
17. Issued by Corresponding National Agencies Dated: _____

18. Name of Employees:

	NAME	DESIGNATION	RES.CERT.NO.	DATE	PLACE OF ISSUE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

For more information regarding by business please see attached statement of operation and/or net worth inventories.

APPROVAL RECOMMENDED:

Very truly yours,

City Treasurer

Signature of License

APPROVED: For issuance of License and Permit after fees and charges are paid to the City Treasurer accordingly.

City Mayor

Note: Accomplish in triplicate. As soon as approved by the City Mayor submit two copies to the City Treasurer for the issuance of the corresponding License and payment of taxes, fees, and other charges.

	SALES RECEIPTS	SCHEDULE	ANNUAL TAX DUE	ANNUAL PERMIT FEES
TOTAL TAX DUE.....				

ADD: Surcharge _____
 PENALTIES: Interest _____
 ADMINISTRATIVE FINE _____

TOTAL AMOUNT DUE: _____

CLEARANCES	AMOUNT OF FEES/CHARGES
a. Police Clearance _____	_____
b. Fire Safety Clearance _____	_____
c. Sanitary Permit _____	_____
d. Tax Clearance MO _____	_____
e. Tax Clearance CTO _____	_____
f. Building & Occupancy Permit _____	_____
g. PESO (Public Employment Service Office) _____	_____
h. Garbage Collection _____	_____
i. Business Form _____	_____
j. Locational Clearance _____	_____
	TOTAL...P_____
	Grand Total Due..P_____

We declare under the penalties of perjury that this return has been made in good faith, verified by us and to the of our knowledge and belief is true and complete return pursuant to the provisions of the City Tax Ordinance and the regulations issued under authority thereof.

SIGNATURE OF PROPRIETOR, MANAGING PARTNER, PRESIDENT

PAYMENT RECEIVED

Res. Cert. No. _____
 Place of Issued: _____
 Date of Issued: _____
 Amount Paid: _____
 Tax Account No. _____

Kind of Business	Date	O.R.No.	AMOUNT

ASSESSMENT PREPARED BY:

RECEIVED/APPROVED:

 City Treasurer Representative

 City Treasurer

 City Mayor Representative

 City Mayor