

APPLICATION FORM FOR BUSINESS PERMIT
TAX YEAR 2023
MUNICIPALITY OF CALATRAVA

INSTRUCTION:

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 form (if any) are complete and properly filled out.

I. APPLICATION SECTION**1. BASIC INFORMATION**

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly
Date of Application			DTI/SEC/CDA Registration No:		
Tin No:			DTI/SEC/CDA Registration No:		
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment:	From:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
	To:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> 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 change.

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 Establishments		No of Emploeyss Residing within LGU:	
Note: Fill up Only if the Business Placed is Rented					
Lessor's Full Name:					
Lessor's Full Address:					
Lessor's Full Telephone/Mobile No.:					
Lessor's Email Address:					
Monthly Renral:					

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization	Gross/Sales Receipts(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