



**Republic of the Philippines  
Province of Bukidnon  
City Government of Malaybalay**

**UNIFIED APPLICATION FORM FOR BUSINESS PERMIT**

	Payment
NEW	Annually
RENEWAL	Bi-annually
ADDITION	Quarterly

Date of Receipt: \_\_\_\_\_  
Tracking Number: \_\_\_\_\_  
Business ID Number: \_\_\_\_\_

**A. BUSINESS INFORMATION AND REGISTRATION**

Please choose one  Sole Proprietorship  One Person Corporation  Partnership  Corporation  Cooperative  
 Male  Female  Male  Female

DTI/SEC/CDA Registration Number: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name/Franchise (if applicable): \_\_\_\_\_

Main Office Address: House/Bldg. No.: \_\_\_\_\_ Name of Building: \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
Street \_\_\_\_\_ Barangay: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

(For Sole Proprietorship) Name of Owner:	Surname: _____	Given Name: _____	Middle Name: _____	Suffix: _____
(For Corporation/Cooperative/Partnerships) Name of President/Office in Charge:	Surname: _____	Given Name: _____	Middle Name: _____	Suffix: _____

For Corporation:  Filipino  Foreign

**B. BUSINESS OPERATION**

Business Area (in sq.m.): \_\_\_\_\_ Total No. of Employees in Establishment: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ No. of Delivery Vehicle (if applicable): \_\_\_\_\_  
Total floor Area (in sq.m.): \_\_\_\_\_ Male \_\_\_\_\_ Female Residing within: \_\_\_\_\_ Van/Truck \_\_\_\_\_ Motorcycle

Same as Main Office Address:  
Business Location Address: House/Bldg. No.: \_\_\_\_\_ Name of Building: \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
Street \_\_\_\_\_ Barangay: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owned?  Yes  No If Yes, Tax Declaration No. \_\_\_\_\_ or Property Identification No. \_\_\_\_\_

Do you have tax incentives from any Government Entity?  Yes (Please attach a copy of your certification)  No

Business Activity (Please check one)  Main Office  Branch Office  Admin Office only  Warehouse  others, Pls. Specify \_\_\_\_\_

Line of Business	Philippine Standard industrial Code (if applicable)	Products/Services	No. of Units	Last Year's Gross Sales/Receipts

I DECLARE UNDER PENALTY that all information in this and correct based on my personal knowledge and authentic records submitted to the \_\_\_\_\_. Any false or misleading information supplied, or product of false/ falsified documents shall be grounds by 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 the implementing Rules and Regulations) and account Transaction information or records with the City/Municipal Government may be processed, profiled or shared to requesting parties or for the purposes of any court, legal process, examination, inquiry and audit or investigation of any authority.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE