



Republic of the Philippines  
City of Lucena  
OFFICE OF THE CITY MAYOR  
**Business Permits and Licensing Office**  
Telephone no. +63 42 710-8892

To be accomplished in three (3) copies

<b>APPLICATION</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b>		Date of Application in PBR (mm/dd/yyyy)	
		Date of Application in LGU (mm/dd/yyyy)	
Reference No. / B.I.N.		DTI/SEC/CDA Registration No.	
*Kind of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		TIN	SSS No.
*Business Name		*Name of Applicant / Owner / Manager (Surname, First name, MI)	
<b>BUSINESS ADDRESS</b>		<b>APPLICANT'S/OWNER'S/MANAGER'S ADDRESS</b> <input type="checkbox"/> Check if same with business address	
*House No./Bldg. No.		House No./Bldg. No.	
*Street		Street	
*Barangay		Barangay	
Subdivision		Subdivision	
City <b>LUCENA CITY</b>		City/Municipality	
Province <b>QUEZON PROVINCE</b>		Province	
Telephone No.		Telephone No.	
E-mail Address		E-mail Address	
*Business Area (in sq m)	*No. of Owners	*No. of Employees _____ Professional    _____ Non-Professional	
<input type="checkbox"/> <b>OWNED</b> <input type="checkbox"/> <b>RENTED</b> <b>If place of business is RENTED, please identify the following</b>			
Lessor's Name		Monthly Rental	
<b>LESSOR'S ADDRESS</b>			
House No./Bldg. No.		Subdivision	
Street		City/Municipality	
Barangay		Province	
Telephone No.		E-mail Address	
Property Index Number (P.I.N.) <i>Real Property Information</i> Land _____ Building _____ Machinery _____			
<b>BUSINESS ACTIVITY(ies)</b> (Attach additional page if necessary)			
<b>Line of Business</b>		<b>Capitalization</b>	<b>Gross Sales/Receipts</b>
*Mode of Payment <input type="checkbox"/> Annual/Full <input type="checkbox"/> Quarterly    No. of Quarters _____			
I hereby declare under the penalty of perjury that the above information are true and correct and that any misrepresentation on this application will be a ground for the revocation of my Business and Mayor's Permit.			
		_____ <b>SIGNATURE OF APPLICANT</b>	
		_____ <b>POSITION / TITLE</b>	
SUBSCRIBE AND SWORN before me this _____ day of _____ 20____ at the CITY/MUNICIPALITY of _____ affiant exhibited to me his/her residence certificate No. A _____ issued at _____ on _____.			
Doc No. _____			
Page No. _____			
Book No. _____		_____ <b>ADMINISTERING OFFICER</b>	
Series of 20 _____			

\* Required fields (Mangyari pong sagutan ang lahat na hinihingi at kailangang impormasyon)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please complete all required information to help us assess your business accurately and quickly.  
*Kumpletuhin ang impormasyon para sa mabilis na proseso at tamang pagtasa ng inyong aplikasyon.*

Does your business has a delivery van or truck?  Yes  No If, YES \_\_\_\_\_ no. of unit(s)

Does your business has a weights & measures "timbangang o panukat"?  Yes  No

If, YES \_\_\_\_\_ no. of unit(s) max. capacity \_\_\_\_\_ kilograms

\_\_\_\_\_ no. of unit(s) max. capacity \_\_\_\_\_ Liters

\_\_\_\_\_ no. of unit(s) max. capacity \_\_\_\_\_ meters

Retailer (Sari-Sari Store etc.)/Dealer/Wholesaler

(Please check if available)

- Cigarettes/Tobaccos
- Distilled wines
- Tuba, Basi and /or Tapuy and vine
- Domestic/Fermented Liquor/Beers
- Foreign Liquor

• Computer Shop/Internet Café/PC Gaming Café \_\_\_\_\_ PC unit(s)

• Bakeries/Bakeshop \_\_\_\_\_ oven(s)

• Barber Shops/ Beauty Parlors \_\_\_\_\_ chair(s)

• Blue printing/Photocopy Centers/Printing Shops/Printing Press/Photo Shops/ Tailoring Shop/Dress Shops/Embroidery Shops \_\_\_\_\_ machine(s)

• Private Hospitals/Clinics \_\_\_\_\_ bed(s)

**Amusement Places/Business**

• Theaters/Cinema with or without Balcony \_\_\_\_\_ seat(s) Air-conditioned  Yes  No

• Therapeutic Clinics/Sauna bath \_\_\_\_\_ cubicle(s)

• Mahjong/Casino \_\_\_\_\_ table(s)

• Billiard/Pool Center \_\_\_\_\_ billiard/pools table(s)

• Bowling Center \_\_\_\_\_ automatic lane(s)

\_\_\_\_\_ non-automatic lane(s)

• Amusement devices/machines \_\_\_\_\_ videoke/jukebox/machine(s)

\_\_\_\_\_ game machine(s)

**Trucking Business**

**Transportation Business**

\_\_\_\_\_ truck(s)

\_\_\_\_\_ air-conditioned bus(es)/van(s)

\_\_\_\_\_ non air-conditioned bus(es)/van(s)

**Storage of Flammable/Combustible Materials**

• Gasoline/Diesel/Regular/Kerosene/Coconut Oil/LPG and other similar products

• Calcium Carbide

• Tar/Resin and similar products

• Coal Deposits

• Others (Pls. specify) \_\_\_\_\_

**Maximum Capacity**

\_\_\_\_\_ liters

\_\_\_\_\_ cases

\_\_\_\_\_ kilograms

\_\_\_\_\_ tons

LOCATIONAL SKETCH	ENDORSEMENTS		
<input type="checkbox"/> Main Road/Street <input type="checkbox"/> Corner Street <input type="checkbox"/> Secondary Road/Street	CLEARANCES	OFFICE/AGENCY & ADDRESS	REMARKS
	Barangay Business Clearance	Barangay where business is located	
	Zoning Clearance	City Zoning Office Old City Hall Bldg. near Police Station	
	Sanitary/Health Clearance	City Health Office near Quezon Memorial Hospital	
	City Engineering Clearance	City Engineering Office Dalahican Road, a kilometer away from SM Lucena.	
	Fire Safety Clearance	City Fire Department PNR Compound at the back of Perez Park	
	Land Tax Clearance	Land Tax Division City Treasurer's Office, Old City Hall Building	

**CITY OF LUCENA  
BUSINESS PERMIT & LICENSING OFFICE**

**Requirements for –**

**RENEWAL OF APPLICATION:**

**To be attached –**

1. Application Form (complete \* Required Fields w/ locational sketch)
2. Community Tax Certificate
3. Receipt of Last Year's Payment
4. Barangay Business Clearance
5. Lease Contract
6. DTI/SEC Registration
7. National Agency Accreditation (if applicable)
8. Last Year's Application Form
9. Market Clearance (for Market Vendors)
10. Homeowner's Clearance (if applicable)
11. Clearances from Zoning Office, Engineering Office, City Health Office, City Fire Department and Land Tax Division

**NEW APPLICATION:**

**To be attached –**

1. Application Form (complete \* Required Fields w/ locational sketch)
2. Community Tax Certificate
3. Barangay Business Clearance
4. Lease Contract
5. DTI/SEC Registration
6. Clearances from Zoning Office, Engineering Office, City Health Office, City Fire Department and Land Tax Division
7. If applicable:  
National Agency Accreditation  
Market Clearance (for Market Vendors)  
Homeowner's Clearance
8. Renovation/Building Permit

**REMINDER!**

Renewal Period Without Penalty

January 1 – 30

Quarterly Period Without Penalty

2<sup>nd</sup> Quarter – April 1 – 30

3<sup>rd</sup> Quarter – July 1 – 30

4<sup>th</sup> Quarter – October 1 - 30