



Republic of the Philippines  
 City of Lucena  
**OFFICE OF THE CITY MAYOR**  
**Business Permit and Licensing Office**  
 Telephone Nos. (+6342)-788-2298/788-2316 local 208



**APPLICATION FORM FOR BUSINESS PERMIT**  
**TAX YEAR \_\_\_\_\_**

**INSTRUCTIONS:**

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. APPLICANT SECTION**

**1. BASIC INFORMATION**

Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Mode of Payment:
Date of Application:	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly
Reference No./B.I.N.:	DTI/SEC/CDA Registration No.: _____ Date: _____
TIN No.:	CTC No.: _____ Date & Place of Issue: _____
Type of Business / Nature of Organization: <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	
Amendment: From <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation To <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify. _____	
<b>Name of Applicant (Owner)</b>	<b>Last Name</b> <b>First Name</b> <b>Middle Name</b> <b>Nationality:</b> _____ <b>Marital Status:</b> _____

**Business Name:** \_\_\_\_\_  
**Trade Name/Franchise:** \_\_\_\_\_

**2. OTHER INFORMATION**

**Note: FOR RENEWING APPLICATIONS, do not fill out this section unless certain information have changed.**

**Business Address:** \_\_\_\_\_

Postal Code: _____	Telephone or Mobile No.: _____	E-mail Address: _____
Business Area (in sq. m.): _____	Total No. of Employees Professionals: _____ Non-professionals: _____	No. of Employees residing within LGU: _____

**Owner's Address:** \_\_\_\_\_

Postal Code: _____	Telephone or Mobile No.: _____	E-mail Address: _____
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**IN CASE OF EMERGENCY, provide the following details:**

Name: _____	Telephone or Mobile No.: _____
<b>Note: Fill out the LESSOR'S DETAILS only if BUSINESS PLACE is RENTED.</b>	
Lessor's Full Name: _____	Lessor's Phone No.: _____ Monthly Rental: _____
Lessor's Address: _____	Lessor's E-mail Address: _____

**3. BUSINESS ACTIVITY**

Line of Business	No. of Units	Capitalization (for NEW business)	Gross/Sales Receipts (for RENEWING business)	
			Essential	Non-Essential

**Oath of Undertaking:**

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 the release of the business permit.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT OVER PRINTED NAME**  
 \_\_\_\_\_  
**POSITION/TI**



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