



Republic of the Philippines  
PROVINCE OF BUKIDNON  
MUNICIPALITY OF LIBONA

## APPLICATION FOR BUSINESS PERMIT

### 1. APPLICANT SECTION

Application Type :	BIN :
Date of Application :	Registration No. :
Reference No :	Date of Registration :
Type of Organization :	CTC No.: TIN:
Tax Incentive :	
Name of Taxpayer :	
Business Name :	
Trade Name/Franchise :	

### 2. OTHER INFORMATION

Name of President/Treasurer of Corporation:

Business Address:	Owner's Address:
House/Bldg No	House/Bldg No
Building Name	Building Name
Unit No	Unit No
Street	Street
Barangay	Barangay
Subdivision	Subdivision
City/Municipality LIBONA	City/Municipality LIBONA
Telephone No. :	Telephone No. :
Email Address :	Email Address :

Property Index Number (PIN)

Business Area ( in Sq. m )	Total no. of Employees in Establishment Male Female	# of Employees Residing in LGU:
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If Place of Business is Rented, please identify the following :	Monthly Rental :
Lessor Name :	

Lessor Address	
House/Bldg No	Street
Building Name	Barangay
Unit No	Subdivision
Telephone No.	Email

### 3. BUSINESS ACTIVITY

Business Activity Line of Business	No of Units	Capitalization (for new business)	Gross Sales/Receipts (for renewal )

**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 OVER PRINTED NAME

\_\_\_\_\_  
POSITION/TITLE



**I. VERIFICATION OF DOCUMENTS**

Requirements	Office /Agency	Date Issued	Verified By	Completed
SANITARY HEALTH CLEARANCE	MHO			<input checked="" type="checkbox"/>
HEALTH CERTIFICATE	MHO			<input checked="" type="checkbox"/>
BRGY CLEARANCE	BARANGAY OFFICE			<input checked="" type="checkbox"/>
COMMUNITY_TAX_CERTIFICATE	MTO			<input checked="" type="checkbox"/>
PREVIOUS YEAR MAYORS PERMIT				<input checked="" type="checkbox"/>
COPY OF O R OF PREVIOUS YEAR				<input checked="" type="checkbox"/>
PREVIOUS YEAR MAYORS PERMIT				<input checked="" type="checkbox"/>

**II. ASSESSMENT OF APPLICABLE FEES**

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Local Taxes	Amount	Discount	Surcharge	Interest	Total	Status
<b>Business Tax</b>						
BUSINESS TAX (RETAILERS)						
<b>Regulatory Fee</b>						
SARI SARI STORE MAYOR'S PERMIT	200.00		0.00	0.00	200.00	
TAX CLEARANCE FEE	110.00		0.00	0.00	110.00	
WEIGHTS AND MEASURES	100.00		0.00	0.00	100.00	
SANITARY PERMIT	100.00		0.00	0.00	100.00	
MEDICAL CERTIFICATION FEE	50.00		0.00	0.00	50.00	
OCCUPATIONAL FEES	150.00		0.00	0.00		
			TOTAL			

Assessed/Reviewed by

Approved By

**III. CITY/MUNICIPALITY FIRE STATION SECTION**

Application No: \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

Contact No.: \_\_\_\_\_

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

Total Floor Area: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_



Signature of Applicant/Owner

Certified by:

Chief FSES/Municipal Fire Marshal

Time and Date Received

FIRE SAFETY INSPECTION  
FEE ASSESSMENT:

**Important Notice: As per Section 12 of the implementing Rules of the Fire Code of 2008, certain establishment (e.g. Building lessor, fire earthquake, and explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These shall be collected during Inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).**