

Application Form for Business
 Tax Year _____
 Cagayan de Oro City

NEW RENEWAL ADDITIONAL TRANSFER

Date of Application:		DTI / SEC Registration/Date	
Reference No./Current Permit No.		TIN	
Kind of Ownership: () Single Proprietor () Partnership		() Corporation () Others _____	
Are you enjoying tax incentive from any Government Entity? () Yes () No Pls. specify the entity.			
Name of Applicant:	Last Name	First Name	Middle Name
Name of Spouse:			
Business Name			
Tradenname			
Name of Representative			
Business Address		Owner's Address	
House No. and Street		House No. and Street	
Barangay:		Barangay:	
Tel. No. (Land Line):		Tel. No. (Land Line)	
Tel. No. (Mobile):		Tel. No. (Mobile)	
eMail Address:		eMail Address	
Property Index No. (PIN)		Property Index No. (PIN)	
Business Area (in sq.m.)	Total No. of Employees	Do you have a Privately Owned Warehouse?. () Yes () No - Please Indicate Location	
If the place of business is rented, please identify the following			
Name of Bldg./Lessor:			
Address of Lessor:			
Tel. No. of Lessor:			
Amount of Monthly Rental:			

BUSINESS ACTIVITY					
Code	Nature of Business	No. of Units/Branches	Capital (For New)	Gross Sales/Receipts	
				Essential (For Renewal)	Non-Essential

I HEREBY SWEAR to the correctness and accuracy of the information that are presented above and understand that I will comply with the following conditions in order to continue to operate the above described business activity, to wit:

1. Pay all taxes and fees appurtenant to my business under existing ordinances.
2. Comply with the pertinent provisions of Ord. No. 4373-94 and Ord. No. 8847-2003 and other related rules and regulations.
3. Exercise due care and diligence in maintaining hygiene and sanitation in my business establishment.
4. Exhibit my Business Permit as well as pertinent official receipts relative to the payment of licenses, fees and/or taxes, in a conspicuous place visible to the public within my establishment.
5. Submit a copy of my Income Tax Return, together with an audited Financial Statement, on or before April 20 of each Taxable Year.
6. Observe, when and where applicable, the requirement of the Social Security System (SSS) PhilHealth, Pag-IBIG, National Food Authority and National Internal Revenue Code.
7. Comply with the requirements of the National Building Code and the requirement of the City Fire Department.

I SWEAR FURTHER that I will undertake to correct whatever deficiencies in the compliance of the requirement of the City Fire, Building, Zoning, PhilHealth, BIR, SSS, Pag-IBIG and other Departments/Offices and Agencies concerned, in their post licensing evaluation/monitoring of my business establishment during the taxable year and/or within thirty (30) days from the issuance of my Business Permit, which can be revoked by the Office of the City Mayor, for non-compliance of any of the above conditions.

 Signature of Applicant/Taxpayer

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__ at the City of Cagayan de Oro, Philippines, Affiant exhibited to me his/her Community Tax Certificate No. _____ issued on _____ at _____.

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 Book No. _____
 Series of 20__

RECOMMENDING APPROVAL: LINO D. DARAL City Treasurer	APPROVED: CONSTANTINO G. JARAULA City Mayor
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