



BUSINESS RETIREMENT APPLICATION FORM

TAX YEAR _____

BUSINESS PERMITS AND LICENSING OFFICE
CITY GOVERNMENT OF DIGOS



BUSINESS IDENTIFICATION NUMBER: _____ PERMIT NO.: _____

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. BUSINESS INFORMATION AND REGISTRATION

1. BASIC INFORMATION

| | | | |
|------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| Date of Application: | | DTI/SEC/CDA Registration No.: | |
| TIN No.: | | Date of Registration: | Place: |
| Type of Business: | <input type="checkbox"/> Single | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| | | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Association |
| Taxpayer's Name | Last Name | First Name | Middle Name |

Business Name:

Trade Name / Franchise:

Business Address:

| | |
|------------------|----------------|
| Postal Code: | Email Address: |
| Telephone No.: | Mobile No.: |
| Owner's Address: | |
| Postal Code: | Email Address: |
| Telephone No.: | Mobile No.: |

In case of emergency, provide name of contact person:

| | |
|-----------------------|----------------|
| Telephone/Mobile No.: | Email Address: |
|-----------------------|----------------|

2. BUSINESS OPERATION

| | | | | |
|---------------------------|-------------------------------|--|-----------|--|
| Business Area (in sq m.): | Total Floor Area (in sq. m.): | Total No. of Employees in Establishment: | | No. of Employees Residing within Digos City: |
| | | Male: 1 | Female: 1 | |

Note: Fill Up Only If Business Place is Rented

| | |
|---|-----------------|
| Lessor's Full Name: | |
| Lessor's Full Address: | |
| Lessor's Full Telephone / Mobile No.: | Monthly Rental: |
| Are you enjoying tax incentive from any Government Entity? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify the entry? _____ | |

3. BUSINESS ACTIVITY

| Line of Business | No. of Units | Capitalization (for New Business) | Gross/Sales Receipts (for Renewal) | |
|------------------|--------------|-----------------------------------|------------------------------------|---------------|
| | | | Essential | Non-Essential |
| | | | | |
| | | | | |
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| | | | | |

I DECLARE UNDER PENALTIES OF PERJURY that I have complied with the regulatory laws/ordinances governing the maintenance and operation of my business/es and further, the foregoing statements are true and correct, verified by me and to the best of my knowledge and ability.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION / TITLE

| | | |
|---|-----------------------------|--|
| Verified by: | Remarks: (For Business Tax) | Approved by: |
| LEAH Q. LASPIÑAS Administrative Aide II Business Permit and Retirement | | ENGR. NEMUEL E. JAYNO Licensing Officer IV Business Permits and Licensing Division Head |

Note: Only request/s with complete documentation will be processed.



Digos License



Contact Number - 09078922061



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BPL Office, New City Hall, Digos City

SKETCH

