



**REPUBLIC OF THE PHILIPPINES
CITY OF TAGUIG
BUSINESS PERMITS AND LICENSING OFFICE (BPLO)**



2nd Floor Taguig City Hall, Gen. Luna St., Tuktukan, City of Taguig
9th Floor Taguig City Satellite Office, SM Aura Tower, 26th cor. McKinley Parkway,
Bonifacio Global City Fort Bonifacio, City of Taguig

UNIFIED BUSINESS PERMIT APPLICATION FORM

<input type="checkbox"/> NEW	<input type="checkbox"/> AMENDMENT	Mode of Payment:	Delivery Options:
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Change Address	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Courier
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Change Area	<input type="checkbox"/> BI-ANNUAL	Payment Options:
	<input type="checkbox"/> Change Name	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Online/Card
	<input type="checkbox"/> Additional Line of Business		
	<input type="checkbox"/> Others (Please specify): _____		

BUSINESS INFORMATION AND REGISTRATION

Please choose one:

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> ONE PERSON CORPORATION	<input type="checkbox"/> PARTNERSHIP	DATE OF APPLICATION: (mm/dd/yyyy) _____
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> CORPORATION	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> COOPERATIVE	

TXN/LCN	DTI/SEC/CDA Registration Number	Tax Identification Number (TIN)
Taxpayer's Name	SURNAME	FIRST NAME
		MIDDLE NAME
		SUFFIX
Trade Name/Franchise (if applicable)		
Office Address	UNIT NO	HOUSE/BLDG. NO.
		NAME OF BUILDING
		STREET
		BARANGAY
	CITY/MUNICIPALITY	SUBDIVISION
		PROVINCE
		ZIP CODE

BUSINESS CONTACTS

Name of President of Corporation/ Partnership:	SURNAME	FIRST NAME	MIDDLE NAME	SUFFIX
Telephone Number	Mobile Number	Email Address		
Designated Safety Officer:	SURNAME	FIRST NAME	MIDDLE NAME	SUFFIX
Telephone Number	Mobile Number	Email Address		
Representative:	SURNAME	FIRST NAME	MIDDLE NAME	SUFFIX
Telephone Number	Mobile Number	Email Address		

BUSINESS ACTIVITY

Business Area (sq.m)	Total No. of Employees in establishment	Availability of Delivery Vehicles (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Floor Area (sq.m)	Male	Female	Number of Employees residing in Taguig:
			Van
			Truck
			Motorcycle
Property owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Tax Declaration No.	or Property Identification No:	
Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach a copy of your certificate) <input type="checkbox"/> No			
Total Capitalization (Php)			
Business Activity (Please check if available)			
<input type="checkbox"/> Main Office	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Admin Office Only	<input type="checkbox"/> Warehouse <input type="checkbox"/> Others, please specify: _____

LINE OF BUSINESS	NATURE OF BUSINESS (Please specify)	PHILIPPINE STANDARD INDUSTRIAL CODE (If Applicable)	NO. OF UNITS	LAST YEAR'S GROSS SALES/RECEIPTS

(Please attach additional Unified Application Form if necessary)
Other Business Activity (Please check one):

<input type="checkbox"/> Designated Smoking Area	<input type="checkbox"/> Retail Cigarette	<input type="checkbox"/> License to Serve Liquor till 10:00pm	<input type="checkbox"/> Qualification Fee
<input type="checkbox"/> License to Sell Liquor	<input type="checkbox"/> Retail Softdrinks	<input type="checkbox"/> License to Serve Liquor till 2:00am	<input type="checkbox"/> Accreditation Fee
<input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler			

I declare under penalty of perjury that all information in this application is true and correct based on my personal knowledge and authentic records submitted to the City of Taguig. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulations) and account transaction information or records with the City Government may be processed, profiled, or shared with requesting parties or for the purpose of any court, legal process, examination, inquiry, audit, or investigation of any authority.

Signature of the Applicant/Owner over printed name

Designation