Republic of the Philippines
PROVINCE OF ZAMBALES
MUNICIPALITY OF SAN MARCELINO

Contact Numbers
Mun. Treasurer's Office : (047) 602 - 0171
Mayor's Office : (047) 623 - 2123

BUSINESS PERMIT AND LICENSING DIVISION

Application No.: BPLD-BP-_____

Application Form for Business Permit

TAX YEAR _____
MUNICIPALITY OF SAN MARCELINO

☐ New ☐ Renew ☐ Additional ■ Transfer ☐ Ownership ☐ Location	■ Amendment: ☐ From Single to Partnership ☐ From Single to Corporation ☐ From Partnership to Single ☐ From Partnership to Corporation ☐ From Corporation to Single ☐ From Corporation to Partnership	Mode of Payment ☐ Annually ☐ Bi-Annually ☐ Quarterly
Date of Application:	DTI/SEC/CDA Registration No.:	
Reference No.:	DTI/SEC/CDA date of Registration:	
Type of Organization: ☐ Single ☐ Partnership ☐ Corporation ☐ Cooperative	CTC No.	
Name of Taxpayer:		
Last Name:	First Name:	Middle Name:
Business Name:		
Trade Name/Franchise:		
Name of President/Treasurer of Corporation:		
Last Name:	First Name:	Middle Name:

Business Address:	Owner's Address
House No./Bldg. No.:	House No./Bldg. No.:
Building No.:	Building No.:
Unit No.:	Unit No.:
Street:	Street:
Barangay:	Barangay:
Subdivision:	Subdivision:
City/Municipality:	City/Municipality:
Province:	Province:
Contact No.:	Contact No.:
Email Address:	Email Address:

Property Index No. (PIN)			
Business Area (in sq. m):	Total No. of Employees Male: ☐ Female: ☐	No. of Employees Residing in LGU: Male: ☐ Female: ☐	Total No. of Employees with: SSS: HDMF: PHIC:

If place of Business is rented, Please identify the following: **Lessor's Name**			**Monthly Rental**
Last Name	First Name	Middle Name:	
Lessor's Address:			
House No./Bldg. No.:		Subdivision:	
Street:		City/Municipality	
Barangay:		Province:	
Contact No.:		Email Address:	
In case of emergency:		Contact Person/Tel. No./Email Address:	

Business Activity		No. of Units		Capitalization (for New Business)	Gross Sales/Receipt (for Renewal)	
Code	Line of Service				Essential	Non-essential

Oath of Undertaking:
I undertake to comply with the regulatory requirements and other deficiencies within 30 days from release of Business Permit.

SIGNATURE OF APPLICANT OVER PRINTED NAME	POSITION/TITLE