



Republic of the Philippines
 CITY OF ROXAS
 Province of Capiz
OFFICE OF THE CITY MAYOR
BUSINESS PERMIT AND LICENSING DIVISION
 Arzopisbo street, Roxas City, Capiz 5800
 ☎ (036) 6210-500 Local 128



BPLS Unified Form

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Application Form for Business Permit

TAX YEAR: _____

CITY/MUNICIPALITY: **ROXAS CITY**

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional <input checked="" type="checkbox"/> Transfer: <input type="checkbox"/> Ownership <input type="checkbox"/> Location	Amendment: <input type="checkbox"/> From single to Partnership <input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Single <input type="checkbox"/> Form Partnership to Corporation <input type="checkbox"/> From Corporation to Single <input type="checkbox"/> From Corporation to Partnership	Mode of Payment <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly
Date of Application: _____		DTI/SEC/CDA Registration No.: _____
Reference No. : _____	Control No.: _____	DTI/SEC/CDA date of registration: _____
Type of Organization: []Single []Partnership []Corporation []Cooperative		CTC No. _____ TIN: _____
Are you enjoying tax incentive from any government Entity? [] yes [] no Please specify the entity: _____		

Name of Tax payer

Last name	First name	Middle name
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Business Name: _____

Trade name/Franchise: _____

Name of President/Treasurer of corporation

Last name	First name	Middle name
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<i>Business Address</i>	<i>Owner's Address</i>
House No./Bldg. No.	House No./Bldg. No.
Building Name	Building Name
Unit No.	Unit No.
Street	Street
Barangay	Barangay
Subdivision	Subdivision
City/Municipality	City/Municipality
Province	Province
Tel. No.	Tel. No.
Email Address	Email Address

Property Index Number (PIN): _____	Business Area (in sq. m.) _____	Total No. of Employees in establishment: _____	# of employees Residing in LGU: _____
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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
Tel. No.	Email Address: _____

In case of emergency:	Contact Person / Tel. No. / Mobile phone no. / email address: _____
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Business Activity		No. of units	Capitalization (for new business)	Gross Sales / Receipts (for renewal)	
Code	Line of Business			Essential	Non-Essential

Oath of Undertaking:

I undertake to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

