



Republic of the Philippines
Province of Pampanga

CITY GOVERNMENT OF MABALACAT
BUSINESS PERMITS AND LICENSING APPLICATION FORM

Website : <http://www.mabalacatcity.gov.ph/>
Tel. No's: 045-332-9110; 045-332-9114

NOTE: Please read instructions below before filling-up the application form.

Date of Application: _____

For the year of: _____

Mode of Payment

- Semi-Annually
 2nd Other _____
 Quarterly
 2nd 3rd 4th Other _____

NAME OF TAX PAYER:

Last Name	First Name	Middle Name
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NAME OF BUSINESS:

Trade Name/Franchise:	T.I.N. No.
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NAME OF PRESIDENT/ TREASURER OF CORPORATION:

Last Name	First Name	Middle Name
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LOCATION/BUSINESS ADDRESS

Lot & Blk. No./House No	Building Name	Unit No.	Street	Sitio	Subdivision
Barangay	City/Municipality	Province	Zip Code	Tel. No.	Email Address

OWNER'S ADDRESS

Lot & Blk. No. /House No.	Building Name	Unit No.	Street	Sitio	Barangay
Subdivision	City/Municipality	Province	Zip Code	Tel. No.	Email Address

ASSESSMENT

Gross Income	
Total Assessed:	
Total Business Tax:	
Taxes Code	Amount Due
Business Tax (per Quarter/Bi-Annual)	
Penalty	
Surcharge	
Others	
TOTAL	

Notes/Remarks:

PAID UNDER TREASURER'S OFFICE

O.R. N°	_____
Date Paid	_____
Countersigned on the Authority of O.R.	
C.T.O. Representative	

Assessed by: _____

Approval Recommended by: _____

GENERAL INSTRUCTIONS IN ACCOMPLISHING AND SUBMITTING APPLICATION FOR AND REQUIREMENTS:

- ✓ Provide accurate information and print legibly "UPPER CASE/CAPITAL LETTER" to avoid delays "DO NOT ABBREVIATE". Incomplete application form will be returned to the applicant.
- ✓ Write "N/A" if not applicable. No erasure entry.
- ✓ Return this Original Application Form to Business Permits & Licenses Office