



Republic of the Philippines  
Province of Pampanga

**MABALACAT CITY**  
**BUSINESS PERMITS AND LICENSING APPLICATION FORM**

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

**NOTE: Please read General Instructions below before filling-up the application form.**

Reference No.: \_\_\_\_\_

Date of Application: \_\_\_\_\_



<input type="checkbox"/> Change of Business Name	<b>Applying for</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional	<b>Mode of Payment</b> <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly	<b>Type of Organization:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Association	<b>Amendment:</b> <input type="checkbox"/> From Single to Partnership <input type="checkbox"/> From Single to Corporation <input type="checkbox"/> From Partnership to Corporation <input type="checkbox"/> From Corporation to Single <input type="checkbox"/> From Corporation to Partnership	<input type="checkbox"/> D.T.I. <input type="checkbox"/> S.E.C. <input type="checkbox"/> C.D.A. Registration No.: _____ Registration Date: _____ Expiration Date: _____
	<b>Transfer:</b> <input type="checkbox"/> Ownership <input type="checkbox"/> Location				

Are you enjoying tax incentive from any Government Entity?    Yes    No   If YES please specify the entity: \_\_\_\_\_

**NAME OF TAX PAYER:**   Last Name: \_\_\_\_\_   First Name: \_\_\_\_\_   Middle Name: \_\_\_\_\_

**NAME OF BUSINESS:**   Trade Name/Franchise: \_\_\_\_\_

**NAME OF PRESIDENT/ TREASURER OF CORPORATION:**  
 Last Name: \_\_\_\_\_   First Name: \_\_\_\_\_   Middle Name: \_\_\_\_\_

**BUSINESS ADDRESS**

Blk.No.	Lot No.	Building Name	Unit No./House No.	Street	<input type="checkbox"/> Sitio <input type="checkbox"/> Purok	Subdivision
Barangay		City/Municipality		Province	Zip Code	Tel. No.   Email Address

**OWNER'S ADDRESS**

Blk.No.	Lot No.	Building Name	Unit No./House No.	Street	<input type="checkbox"/> Sitio <input type="checkbox"/> Purok	Subdivision
Barangay		City/Municipality		Province	Zip Code	Tel. No.   Email Address

<b>PROPERTY INDEX NUMBER</b>	<b>BUSINESS AREA</b>	<b>No. of Employees in Establishment</b>	<b>No. of Employees Residing in L.G.U.</b>	<b>T.I.N. No.</b>
P.I.N.	(in square meter)			

**If Place of Business is Rented, please identify the following:**

**LESSOR'S NAME**   Last Name: \_\_\_\_\_   First Name: \_\_\_\_\_   Middle Name: \_\_\_\_\_   **MONTHLY RENTAL: ₱** \_\_\_\_\_

**LESSOR'S ADDRESS**

Blk.No.	Lot No.	Building Name	Unit No./House No.	Street	<input type="checkbox"/> Sitio <input type="checkbox"/> Purok	Subdivision
Barangay		City/Municipality		Province	Zip Code	Tel. No.   Email Address

**IN CASE OF EMERGENCY**

Contact Person	Address	Tel. No.	Email Address
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**BUSINESS ACTIVITY**

Line of Business/Items/Commodities/Services	No. Units
<b>Capitalization (for New Business)</b>	<b>Gross Sales/Receipts (for Renewal of Business)</b>
₱ _____	Essential
	Non-Essential
₱ _____	₱ _____

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(Please specify Land Marks)

**OATH OF UNDERTAKING**

*I undertake to comply with the regulatory requirements and other deficiencies within thirty (30) days from release of the business permit.*

Signature of Applicant over Printed Name	Position/Title	Comm. Tax Cert.	
		Issued on	
		Issued at	

Do not fill-up for official use only

ASSESSMENTS					
LOCAL TAXES	DATE/TIME	AMOUNT DUE	PENALTY/-SURCHARGE	TOTAL	ASSESSED BY
Business Tax / Gross Sales/Receipt Tax		₱ _____	₱ _____	₱ _____	
Tax on delivery vans/trucks					
Tax on storage for combustible/flammable of explosive substance					
Tax on Signboard/Billboard					
<b>REGULATORY FEES AND CHARGES</b>					
Mayor's Permit Fee					
Building Annual Inspection Fee					
Electrical Inspection Fee					
Plumbing/Sanitary Inspection Fee					
Mechanical Inspection Fee					
Zoning Inspection Fee					
Sanitary Permit Fee (Health)					
Environmental Sanitation / Garbage Charges Fee					
Fixed Tax on Liquor					
Fixed Tax on Tobacco					
Fixed Tax on Beer					
Business Permit Certificate/I.D. Card Fee					
Business Permit Plate Fee					
Business Permit Sticker Fee					
Signboard/Billboard Renewal Fee					
Signboard/Billboard Permit Fee					
Delivery Trucks/Vans Permit Fee					
Others, (Please Specify)					
<b>GRAND TOTAL</b>		₱ _____	₱ _____	₱ _____	
Fire Safety Clearance Fee					

VERIFICATION OF DOCUMENTS			
Description	Office/Agency	Date Issued	Verified by (BPLO)
<input type="checkbox"/> D.T.I. <input type="checkbox"/> S.E.C. <input type="checkbox"/> C.D.A. Certificate	D.T.I./S.E.C./C.D.A.		
Barangay Clearance (for business purposes)	Barangay		
Community Tax Certificate (for business only)	Municipal/Barangay		
Sanitary/Health Permit Certificate	Health Office		
Building/Occupancy Permit	Building Officials		
Land Use and Zoning Division Certificate	Zoning Administrator		
Fire Safety Inspection Certificate	Fire Department		
Gross Income Statement / I. T. R.	B. I. R.		

**LAST PAYMENT MADE**

Date Paid: \_\_\_\_\_

Mayor's Permit Fee: \_\_\_\_\_

Business TAX: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

- Requirements:**
- DTI/SEC/CDA Certificate / Registered Business Name
  - Community Tax Certificate (Cedula) (for business)
  - Barangay Clearance (for business purposes)
  - Sanitary Permit Certificate
  - Fire Safety Inspection Certificate
  - Income Statement/ITR (for renewal only)
  - Building/Occupancy Permit
  - Lessor's Business Permit/Lease of Contract (if renting)
  - Land Use and Zoning Division Certificate
- Requirements based on the nature of business:**
- List of Employees with Name, Position and Salary
  - Articles of Incorporation/Partnership SEC Reg. (for Corp.)
  - SSS Registration/Clearance
  - PHILHEALTH Certificate of Payment
  - Supporting Documents for the declared capital
  - HDMF (PAG-Ibig Certificate)

Assessed by \_\_\_\_\_

Approval Recommended by \_\_\_\_\_

**Time Submitted :** \_\_\_\_\_

**Issued :** \_\_\_\_\_

Permit/Sticker N<sup>o</sup>. \_\_\_\_\_

Plate N<sup>o</sup>. \_\_\_\_\_

Received by \_\_\_\_\_

Full Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAID UNDER TREASURER'S OFFICE**

O.R. N<sup>o</sup>. \_\_\_\_\_

Date Paid \_\_\_\_\_

Countersigned on the Authority of O.R. \_\_\_\_\_

M.T.O. Representative \_\_\_\_\_

**GENERAL INSTRUCTIONS IN ACCOMPLISHING AND SUBMITTING APPLICATION FORM AND REQUIREMENTS:**

- ✓ Provide accurate information and print legibly "UPPER CASE/CAPITAL LETTER" to avoid delays "DO NOT ABBREVIATE".
- ✓ Ensure that all requirements/documents attached to this application form are complete and properly filled out. Write "N/A" if not applicable. No erasure entry.
- ✓ B.I.R. Registration is required within one month upon the issuance of New Business/Mayor's Permit.
- ✓ Return the Original Application Form and Accomplished Client Feedback Form together with your Requirements (Photo Copy) to Business Permits & Licensing Office.