

Business Area (In sq. m.):	Total No. of Employees in Establishment:	No. of Employees Residing Within LGU:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBT	

Note: Fill Up Only If Business Place is Rented **New Building:** **Old Building:**

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full Telephone / Mobile No.:

Lessor's Email Address:

Monthly Rental:

3. BUSINESS ACTIVITY

Line of Business	No. of Units	Capitalization	Gross / Sales Receipts (for Renewal)	
		(for New Business)	Essential	Non-Essential

OATH OF UNDERTAKING

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE