



UNIFIED BUSINESS PERMIT APPLICATION FORM

Cagayan de Oro City
YEAR 2024



FOR NEW OR AMENDMENT APPLICATION

Date of Application:		DTI/SEC/CDA Reg. Number.:		DTI/SEC/CDA Reg. Date:	
Kind of Ownership: <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____		<input type="checkbox"/> Stock Corp. <input type="checkbox"/> Non-Profit/Non-Stock Corp.		<input type="checkbox"/> CDA Reg. COOP <input type="checkbox"/> Non-CDA Reg. COOP	
Name of President/Treasurer of Corporation:			TIN:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporation			Name of Accounting Firm Retained:		
Are you enjoying Tax Incentives from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Pls. specify the entity _____					
Name of Applicant <small>(Indicate name of company, if Corporation or Partnership)</small>		<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	
Name of Spouse:					
Corporate Name:					
Trade Name:					
Name of Rep. / Manager:					
Contact Number:			Representative Contact Number:		
Email address:					
Business Address: (House No. & Street)			Owner's Home Address: (House No. & Street)		
Barangay:			Barangay:		

Business Area (in sq. m.)		Total number of Employees		Do you have a privately owned warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No - Pls. indicate Location and Floor area (in sq. m.)	
Business Activity (Please check one) <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Warehouse <input type="checkbox"/> Others _____					
If the place of business is rented, pls. identify the following:		No. of employees residing in Cag. de Oro:		Do you have any Delivery Van/ Trucks? If yes, how many?	
Name of Lessor:					
Address of Lessor:					
Tel. No. of Lessor:				REMARKS:	
Amount of monthly rental:					
BUSINESS ACTIVITY					
NATURE OF BUSINESS			NUMBER OF UNITS/BRANCHES		CAPITAL

FOR RENEWAL APPLICATION

TAXPAYER'S NAME		PREVIOUS BUSINESS PERMIT NUMBER	

I DECLARE UNDER PENALTY OF PERJURY that all information in this application is true and correct based on my personal knowledge and authentic records submitted to the *Business Permits & Licensing Division*. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under Data Privacy Law of 2012 and its implementing Rules and Regulations) and account transaction information or records with the *City/Municipal* Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION/POSITION/TITLE

VERIFIED ONLINE VIA BCAS:

OBO _____ CPDO _____ RCB _____ CITY TOURISM _____ CITY VET. _____

RECOMMENDING APPROVAL:

City Treasurer

JASON D. ADAZA, JD, LPT

Business Permits & Licensing Division

SKETCH OF BUSINESS LOCATION FOR NEW APPLICANTS ONLY (you may attach your Google Maps location sketch)**REQUIREMENTS FOR APPLICATION:**

FOR NEW APPLICATION	FOR RENEWAL OF BUSINESS	FOR CHANGE OF BUSINESS NAME	FOR TRANSFER OF LOCATION	CHANGE NATURE OF BUSINESS
<p>Basic Requirements:</p> <input type="checkbox"/> Cert. Of Occupancy <input type="checkbox"/> Contract of Lease (if applicant is renting) <input type="checkbox"/> Art. Of Inc./SEC Reg. if applicable/ Secretary's Certificate/CDA <input type="checkbox"/> DTI Registration <input type="checkbox"/> Home Owner's Association Certificate (if inside subd.)	<p>Basic Requirements:</p> <input type="checkbox"/> Latest Business Permit <input type="checkbox"/> ITR/Audited Financial Statement	<input type="checkbox"/> Letter Request <input type="checkbox"/> Existing Business Permit <input type="checkbox"/> DTI Registration or amended SEC Reg./Secretary's Certificate	<input type="checkbox"/> Letter Request <input type="checkbox"/> Existing Business Permit <input type="checkbox"/> Location Sketch <input type="checkbox"/> Proof of ownership / Contract of lease	PLEASE PROCEED TO TAX MAPPING DIVISION
<input type="checkbox"/> Additional Requirements (To be submitted within the year) Depends on the Nature of Business: BFP (FSIC), DOE cert., DOH-FDA, CITY VET., RCB, BSP, DA, etc.	<input type="checkbox"/> Additional Requirements (To be submitted within the year) Depends on the Nature of Business: BFP (FSIC), DOE cert., DOH-FDA, CITY VET., RCB, BSP, DA etc.	<input type="checkbox"/> Amendment fee ₱150	<input type="checkbox"/> Amendment fee ₱150 (SAME Barangay) OR <input type="checkbox"/> Barangay Clearance fee if transfer to different barangay ₱1,000	