

**APPLICATION FORM FOR BUSINESS PERMIT**  
**TAX YEAR \_\_\_\_\_**  
**CITY OF ORMOC**

**INSTRUCTIONS:**

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this form (if any) are complete and properly filled out.

**1. APPLICANT SECTION****1. BASIC INFORMATION**


<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
Date of Application:			DTI/SEC/CDA Registration No. :		
TIN No. :			DTI/SEC/CDA Registration No. :		
Type of Business:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment: <b>From</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
<b>To</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the entity?					

**Name of Taxpayer / Registrant**

Last Name:	First Name:	Middle Name:
Business Name:		
Trade name / Franchise:		

**2. OTHER INFORMATION**

**Note: For renewal applications, do not fill up this section unless certain information have changed.**

Business Address :	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:
Owner's Address:	
	
Postal Code:	Email Address:
Telephone No.:	Mobile No.:
In case of emergency, provide name of contact person:	
Telephone / Mobile No. :	Email Address: