U HANNER HANNER	of san juan UNESS PEI	N RMITTS ANI	D LICEN	ISING OF	FICE	NUL
		NEW BUSINESS		To be filled-up by l		MAKABAGONG
TAX YEA	R.			Date of Receipt: Tracking Number:		SAN JUAN
				Business ID Numbe Philippine Standard		
	JCTIONS			Philippine Standard	d Geographic Code: _	
				CASE / CAPITAL	LETTERS) the a	ppropriate boxes. All required
2. Please ensure the	at ALL required docu		ached and that			out. Incomplete submission of
application form a	and/or requirements	will be returned to the		•	ed.	
SEC / DTI (Busines)	ss Name Registration)	A. DOCUME				
 Barangay Clearance Certificate/ Contract 		Tax Declaration or Trans	sfer	Remarks		
of Certificate of Title	e (TCT) if owned					
B.O.S.S. (Business Sanitary Permit, CE		rements (Locational, Fire	e Cert.			
	B.	BUSINESS INFO	RMATION AI			
Form of Organization						
OSole Proprietorshi	p OPartnershi	p OCorporation	n ()0	one Person Corp	oration O	Cooperative
Registration Number:				TIN:		
Business Name						
Trade Name) Franchise) IPO		<u> </u>	<u> </u>	
Main Office Address	House/Bldg. No.	Name	of Building	Bloc	k No. Lot No.	Street
	House/Blug. No.	Name	or Building	Dioc		
Subdivision	Baranga	ау	City/Municip	ality	Province	Zip Code
Name of Owner / President / OIC					Citizenship	
Residential	Last Name	First Name	Middle Nam	ne Suffix	Sex	O Male O Female
Address	House/Bldg. No.	Name	of Building	Bloc	k No. Lot No.	Street
Subdivision	Parana					
	Baranga	ay	City/Municip	ality	Province	Zip Code
Contact Person	Last Name	First Name	Middle Nam	e Suffix	Telephone No. E-mail	
			ESS OPERA			
Total Capital Investment	Total Floor Area (ir	n sgm) Total Number	^r of Employees in	Establishment	Total Number of E	mployees Total Number of
					Residing in Sar	
		Male		Female		
Business Location						
Business Looation	House/Bldg. No.	Name	of Building	Bloc	k No. Lot No.	Street
Subdivision	Baranga	av	City/Marrisia	- 114 -	Province	Zip Code
	Main Office) Admin/ Office Only	City/Municip	Dality		of Place of Business
Business Activity	Branch) Warehouse	U Others		Not rented/ free Monthly Rental	of use
Line of Busir	0	·	(Please Spe cts/ Services	ecify)	(Atta	ached copy of Lease of Contract) bital Investment
		Produ				Shar myestment
I, DECLARE UNDER PENAL	TY OF PERJURY that all	information in this applicatio	n are true and corre	ct based on my persor	nal knowledge and auth	nentic records submitted to the City

Government of San Juan. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of permit. Further, in compliance with the requirements of the Data Privacy Act, I/We am/are giving my/our consent in the collection, generation, use, processing, storage and retention of my/our personal data to the City Government of San Juan for the purpose(s) described in this document and to share my/our personal information obtained in the course of registering my/our business in the Business Permits and Licensing Office (BPLO) of the City of San Juan together with any government agencies, subdivision, department or Government-Owned and Controlled Corporations (GOCC) or third parties as may be consistent with applicable laws, rules and regulations.

LGU SECTION

(The BPLO or CTO shall fill-up this section)

VERIFICATION OF DOCUMENTS

DECODIDION		C	OMPLIAN			
DESCRIPTION	OFFICE/AGENCY	YES	NO	NOT REQUIRED	EVALUATED BY	
Certificate of Occupancy	Office of the City Building Official (OBO)					
Sanitary Permit/Health Clearance	City Health Office (CHO)					
City Environmental Certificate	City Environmental and Natural Resources (CENRO)					
Market Clearance (For Stall Holders)	Office of the City Market Administrator					
Certificate of Conformance	City Planning and Development Coordinators' Office (CPDCO)					
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection (BFP)					
Seal of Compliance	Public Employment Services Office (PESO)					

FOR OFFICE OF THE CITY BUILDING OFFICIAL	FOR CITY PLANNING / ZONING OFFICE	FOR CITY VETERINARY OFFICE					
ASSESSMENT	ASSESSMENT	ASSESSMENT					
40201100-01-01 Annual Building Inspection Fee 40201100-01-19 Annual Electrical	40601010-09-01 Filing Fee	4-02-01-010-31 Butcher's License					
Inspection Fee	40201010-02-14 Processing Fee	Fees 4-02-01-010-32 Meat Handler's					
40201100-01-18 Annual Sanitary/	40201010-06-02 Land Use Fee	Fees					
Plumbing Inspection Fee 40201100-01-21 Annual Electronic Inspection Fee	40201010-02-17 Locational Clearance	4-02-01-010-33 Meat Dealer's Fees					
40201100-01-20 Annual Mechanical	40201980-08-01 Penalty	4-02-01-010-08 Annual Inspection Fee/ Veterinary Clearance					
Inspection Fee	40201010-02-15 Certificate Fee	ASSESSED BY					
40201100-01-11 Annual Signage Inspection Fee	ASSESSED BY						
40201010-02-19 Processing Fee							
40201980-19 Penalty / Surcharge Fee	FOR CENRO	FOR BARANGAY					
40201980-04-13 Administrative Fine							
40201040-12-01 Certificate	ASSESSMENT	ASSESSMENT					
	Environmental Inspection Fee	Barangay Certification Fee					
ASSESSED BY	Others (Pls.specify)	Others (PIs.specify)					
	Total	Total					
	ASSESSED BY	ASSESSED BY					

BUREAU OF FIRE PROTECTION SECTION

(APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE)

Important Notice: As per Section 12 of the Implementing Rules and Regulations of the Fire Code of 2008, certain establishments (e.g. building lessors, fire, earthquake, and expansion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than Fire Safety Inspection Fees. These shall be collected during inspections or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).

Certified by:		Time and [SIGNA	_	OF APP	LICAN	τ/ ον		Fire S	afety I	nspec	tion I	Fee As	sess	ment:	_
	Last Name	First Name		Mi	iddle N	ame		Suffix		E-mai						
ontact Person		First Name						0	Tele	ephone E-mai						
Subdivision	Baranga	City/Municipality				Province					Zip Code					
	House/Bldg. No.		Name	of Buil	ding			Blo	ck No.	Lot I	No.				Stre	et
Business Address																
Total Floor Are	ea															
usiness Name	Last Name	T II St Mai	lic		Midda	e nam	•	0								
Owner	Last Name	First Na	ame Middle Name Suffix					iffix	TRA	CKINC	g NUN	/BER:				