CITY	OF SAN JU	AN				
BUS	SINESS P	ERMITS /	NND LICEN	ISINC OF	FICE	NULL.
APPLI	ICATION FOI	R NEW BUSIN	NESS PERMIT	To be filled up but		MAKABAGONG
21004 NG 1896				<u>To be filled-up by L</u> Date of Receipt:		SAN JUAN
ΤΑΧ ΥΕΑ	\R:			Tracking Number: Business ID Number		
				Philippine Standard	d Industrial Code: d Geographic Code:	
GENERAL INSTR	UCTIONS					
				R CASE / CAPITAL	LETTERS) the appr	ropriate boxes. All required
		e completely and cl		ALL necessary inf	ormation is filled-out	. Incomplete submission o
			to the applicant and w			
		A. DOC	UMENTARY REG	UIREMENTS		
SEC / DTI (Business	Name Registration)			Remarks		
		ax Declaration or Transf	er	Keinarko		
of Certificate of Title ( PESO Certificate	(TCT) if owned					
B.O.S.S. (Business C Sanitary Permit, CEN		ements (Locational, Fire	Cert.			
<ul> <li>Pictures of establishing</li> </ul>						
O Others (as required b			INFORMATION A			
Form of Organization		B. BUSINESS				
Osole Proprietorshi		ship OCorp	oration	One Person Corp	oration OCo	operative
Registration Number:				TIN:		• • • • • • • • • •
						-     -
Business Name						
Trade Name	Franchise					
Main Office Address						
Main Onice Address	House/Bldg. N	10.	Name of Building	Bloc	k No. Lot No.	Street
	-		-			
Subdivision	Bara	angay	City/Munici	pality	Province	Zip Code
Name of Owner /					Citizenship	
President / OIC	Last Name	First Name	Middle Nar	ne Suffix	Sex O	Male 🔿 Female
Residential					0	
Address	House/Bldg. No.		Name of Building	Bloc	k No. Lot No.	Street
Subdivision	Bara	angay	City/Munici	pality	Province	Zip Code
Contact Person					Telephone No.	
	Last Name	First Name	Middle Nar	ne Suffix	E-mail	
		С. В	USINESS OPERA			
Total Capital Investment	Total Floor Are	a (in som) Total N	Number of Employees i	n Establishment	Total Number of Empl Residing in San Ju	
			Male	Female	Residing in San Ju	Delivery Vehicles
				Telliale		
<b>Business Location</b>	House/Bldg. N	lo.	Name of Building	Bloc	k No. Lot No.	Street
			0			
Subdivision	Bara	angay	City/Munici	pality	Province	Zip Code
	O Main Office	O Admin/ Office			Monthly Rental of	Place of Business
<b>Business Activity</b>		-		C	Not rented/ free of ι	ISE
	O Branch	○ Warehouse	(Please Sp	ecify)	Monthly Rental — (Attache	ed copy of Lease of Contract)
Line of Busi	ness		Products/ Services			l Investment
		t all information in diff.				is records submitted to the City

I, DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic 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

		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			
40201100-01-01 Annual Building Inspection Fee	40601010-09-01 Filing Fee	ASSESSMENT 4-02-01-010-31 Butcher's License		
40201100-01-19 Annual Electrical 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	40201010-02-17 Locational Clearance	4-02-01-010-33 Meat Dealer's Fees		
Inspection Fee 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 (PIs.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).

Name of Applicant/ Owner				TR	ACKING NUMBER		
	Last Name	First Name	Middle Name	Suffix		-	
<b>Business Name</b>							
Total Floor Are	a						
<b>Business Address</b>	I						
	House/Bldg. No.	Nan	ne of Building	Block No. Lo	ot No.	Street	
Subdivision	Baranga	у	City/Municipality	Prov	ince	Zip Code	
Contact Person				Telepho	ne No.		
	Last Name	First Name	Middle Name	Suffix E-m	ail		
		SIGN	NATURE OF APPLICANT/	OWNER			
Certified by:		Time and Date R	Received:	Fire Safety Inspection Fee Assessment:			