



REPUBLIC OF THE PHILIPPINES  
CITY OF TAGUIG



**BUSINESS PERMITS AND LICENSING OFFICE (BPLO)**

2nd Floor Taguig City Hall, Gen. Luna St., Tuktukan, City of Taguig 1637  
9th Floor Taguig City Hall Satellite Office, SM Aura Tower, 26th cor. McKinley Parkway,  
Bonifacio Global City, Fort Bonifacio, City of Taguig 1634

TXN/LCN

**UNIFIED BUSINESS PERMIT APPLICATION FORM**

<input type="checkbox"/> NEW	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> Additional Line of Business	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Courier
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Change Address	<input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> BI-ANNUAL	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Card <input type="checkbox"/> eWallet
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Change Area		<input type="checkbox"/> QUARTERLY	
	<input type="checkbox"/> Change Name			

**BUSINESS INFORMATION AND REGISTRATION**

Please choose one:

SOLE PROPRIETORSHIP  ONE PERSON CORPORATION  PARTNERSHIP  COOPERATIVE  CORPORATION

MALE  FEMALE  MALE  FEMALE

DTI/SEC/CDA Registration Number DATE ISSUED: (mm/dd/yyyy) Tax Identification Number (TIN)

Taxpayer/Corporate Name SURNAME FIRST NAME MIDDLE NAME SUFFIX

Trade Name/Franchise (if applicable)

Office Address UNIT NO HOUSE/FLOOR. NO. NAME OF BUILDING

STREET BARANGAY CITY ZIP CODE

Total Floor Area (sq.m)	Property owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, PIN or TD Number:		If No, term of lease (mm/dd/yyyy):				
Number of employees in establishment	Male	Female	Number of Employees residing in Taguig:	Male	Female	Delivery Vehicles:	Van	Truck	Motorcycle

**BUSINESS CONTACTS**

Name of President/ Owner's Name SURNAME FIRST NAME MIDDLE INITIAL SUFFIX

Telephone Number Mobile Number Email Address

Designated Safety Officer SURNAME FIRST NAME MIDDLE NAME SUFFIX

Telephone Number Mobile Number Email Address

Authorized Representative/ Liaison Officer SURNAME FIRST NAME MIDDLE NAME SUFFIX

Telephone Number Mobile Number Email Address

**BUSINESS ACTIVITY**

Office Classification Check applicable classification

Main/Principal/Head Office  Administrative Office  Office Only  Satellite Office  Showroom  Virtual Office  Warehouse

Branch  Extension

Do you have tax incentives from any Government Entity?  Yes  No

If Yes (Please select applicable tax incentive/s and attach a copy of your certificate)

Cooperative  BOI  Exporter  Inventor  Non-stock non-profit: Educational, Charitable, or Religious

PEZA  Regional Operating Headquarters  Regional or Area Headquarters  Representative Office  Others, please specify

LINE OF BUSINESS	NATURE OF BUSINESS	PHILIPPINE STANDARD INDUSTRIAL CODE (If Applicable)	NO. OF UNITS	CAPITALIZATION OR PRECEDING CALENDAR YEAR GROSS SALES/RECEIPTS

This is an optional section. Use this space to provide additional information about your business:

(Please attach additional Unified Application Form/s if necessary)

Other Business Activity (Please check one):

Designated Smoking Area  Retail Cigarette  License to Serve Liquor till 10:00pm  Qualification Fee

License to Sell Liquor  Retail Softdrinks  License to Serve Liquor till 2:00am  Accreditation Fee

Retailer  Wholesaler

I DECLARE AND AFFIRM that all information in the application are true and correct based on my personal knowledge and authentic records submitted to the City of Taguig. 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 the Data Privacy Law of 2012 and its implementing Rules and Regulations) and account transaction information or records with the City of Taguig 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.

I further undertake to allow a duly authorized inspector of the City to conduct ocular inspections of my establishment to ensure faithful compliance to any regulatory measures and post inspection requirements. In case of violation or non-compliance, it will result in the closure or if warranted the revocation of the business permit of the establishment without need of an Executive Order

Signature of the Proprietor/Representative over printed name

Designation