

Republic of the Philippines
Municipality of Marilao
OFFICE OF THE MAYOR

New Quarterly Termination of Contract Date [mm/dd/yyyy] : _____
 Renew Semi-Annually For Closure
 Additional Annually
 Transfer Transfer of
of Location Ownership

BUSINESS TRADE NAME		TEL. NO.	
BUSINESS ADDRESS [House No.][Barangay][District][City/Municipality]		STALL NO.	
TAXPAYER's NAME [Last Name/Owner's Name][First Name][Middle Name]		TEL. NO.	
TAXPAYER's ADDRESS [House Number][Street][Barangay][District][City/Municipality]		Brgy. Clearance No.	Brgy. Clearance Date
TOTAL NO. OF EMPLOYEES/WORKER	CTC No. [Individual or Corporate]	CTC Place Issued	CTC Date Issued

<input type="checkbox"/> Main <input type="checkbox"/> Branch	<input type="checkbox"/> OWNERSHIP <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Foreign	ACR No.	ACR Date
DTI Reg. No./Reg. Date _____	BUILDING Permit Reg. No./Reg. Date _____		
SEC Reg. No./Reg. Date _____	CERTIFICATE OF OCCUPANCY NO./REG. Date _____		
SSS Reg. No./Reg. Date _____	BOI Reg. No./Reg. Date _____		
VAT/BIR Reg. No./Reg. Date _____	CDA Reg. No./Reg. Date _____		

If Place of Business is RENTED/NOT OWNED

OWNER'S NAME:
ADDRESS:
ADMINISTRATOR (If owner's not available)
RENT PER MONTH:
REMARKS

BUSINESS LINE Information

Line of Business/Activities	Gross Sales/Receipt	Capital Investment	Area/square meter

With CIGARS and LIQUORS

Type of Item Sold

With FLAMMABLES/COMBUSTIBLE

	Quality

Signature of Applicant/Representative over Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ AT THE CITY/MUNICIPALITY OF _____ AFFIANT EXHIBITED TO ME HIS/HER COMMUNITY TAX CERTIFICATE NO. _____ ISSUED AT _____ ON _____.

DOCUMENT NO. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF _____

ADMINISTERING OFFICER

Recommending Approval:

Approved By:

ANNUAL REGULATORY INSPECTION FEES ASSESSMENT

REGULATORY TYPE	FEES ASSESSMENT	DATE ASSESSED	ASSESSED BY
MPDC LOCATION CLEARANCE			
PROVINCIAL CAPITOL IMPOSITION ECC COMPLIANCE INSP. FEE CNC INSP. FEE			
ENGINEERING ANNUAL INSP. BUILDING INSPECTION			
ELECTRICAL INSPECTION			
MECHANICAL			
PLUMBING			
SIGNBOARD/BILLBOARD			
HEALTH SANITATION INSPECTION WORKER (QTY)			
FIRE DEPARTMENT FIRE SAFETY INSPECTION P.D. 1185			
WQMA WATER DISCHARGE FEE			

For Assessor's Office Use Only

IF BUILDING WHERE BUSINESS IS LOCATED IS OWNED

PROPERTY OWNED	ACTUAL USE	TAXABLE ASSESSED VALUE	VERIFY BY:
LAND			
BUILDING			

With DELIVERY TRUCKS/VANS/VEHICLES

Vehicle	No. of Vehicles	Plate no.	Quantity	Machineries/Equipment	Quantity

COMMENTS

Inspected by:

Conforme:

BPLS Mayor's Office Representative

Taxpayer or Taxpayer's Representative

SKETCH/LOCATION OF BUSINESS