



REPUBLIC OF THE PHILIPPINES
CITY OF PARAÑAQUE
BUSINESS PERMITS & LICENSING OFFICE
APPLICATION FOR SMOKING PERMIT



APPLICATION NUMBER FOR SMOKING PERMIT _____ DATE _____
 NEW RENEWAL

THE HONORABLE CITY MAYOR

THRU: **THE CHIEF**
Business Permits and Licensing Office

I have the honor to apply for a Smoking Permit under the Parañaque City Ordinance No. 10-09, series of 2008, "AN ORDINANCE REGULATING SMOKING IN PUBLIC PLACES AND ENCLOSED PRIVATE PLACES IN THE CITY OF PARAÑAQUE AND PROVIDING FEES AND PENALTIES FOR VIOLATION THEREOF."

APPLICANT: _____ NATIONALITY _____
RESIDENTIAL ADDRESS _____
RESIDENTIAL CONTACT NO. _____
BUSINESS NAME/TRADE NAME _____ BIN _____
BUSINESS ADDRESS _____
BUSINESS CONTACT NO. _____ BARANGAY _____

TYPE OF BUSINESS ORGANIZATION

- SINGLE PROPRIETORSHIP CORPORATION PARTNERSHIP

APPLICATION FOR SPECIAL SMOKING PERMIT

I have the honor to apply for a **SPECIAL SMOKING PERMIT** at the above stated establishment with the foregoing details as provided for under Section 7 of Ordinance No. 10-09, series of 2008.

Floor Area of Establishment: _____ sqm.
Floor Area being applied for Special Smoking Permit: _____ sqm.

I certify that all information stated herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

REVIEWED BY: _____ DATE _____
_____ DATE _____

