



CITY OF PARAÑAQUE
BUSINESS PERMITS AND LICENSING OFFICE
APPLICATION FOR NEW BUSINESS PERMIT

PBPLO-FM 03-01.01 Rev0
Effective July 19, 2021



TAX YEAR : _____

GENERAL INSTRUCTIONS

1. Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (UPPER CASE/ CAPITAL LETTERS). All required data fields/information should be completely and clearly filled-out by the applicant;
2. Please ensure that ALL required documents are properly attached and that ALL necessary information is filled out. Incomplete submission of Application form and/or requirements will be returned to the applicant and will not be processed.

To be filled-up by BPLO:

Date of Receipt: _____
Tracking Number. : _____
Business ID Number. : _____
Philippine Standard Industrial Code: _____
Philippine Standard Geographic Code: _____

A. DOCUMENTARY REQUIREMENTS

- ☐ SEC/CDA Registration/Business Name Registration Number (DTI)
- ☐ Contract of Lease/MOA/written consent (if leased) or Tax Declaration or Transfer Certificate of Title (TCT) (if owned)
- ☐ Certificate of Occupancy (if required)
- ☐ Photo (frontage and interior), and Sketch of location of business
- ☐ Proof of total capitalization (if applicable)

Remarks

B. BUSINESS INFORMATION AND REGISTRATION

Form of Organization

- ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ One Person Corporation ☐ Cooperative

Registration Number _____ TIN: _____

Business Name

Trade Name ☐ Franchise ☐ IPO

Main Office Address

House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____
Subdivision _____ Barangay _____ City/Municipality _____ Province _____ Zip Code _____

Name of Owner/
President/ OIC

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Citizenship

Sex

☐ Male

☐ Female

Residential
Address

House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____
Subdivision _____ Barangay _____ City/Municipality _____ Province _____ Zip Code _____

Contact Person

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Telephone No.

E-mail

C. BUSINESS OPERATION

Total Capital Investment

Total Floor Area
(in sqm)

Total Number of Employees
in Establishment

Total Number of Employees
Residing in Parañaque

Number of Delivery Vehicles

Internet Service Provider

Male

Female

Business Location

House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____
Subdivision _____ Barangay _____ City/Municipality _____ Province _____ Zip Code _____

Business Activity

- ☐ Main Office ☐ Admin. Office Only ☐ Others
☐ Branch ☐ Warehouse (Please Specify) _____

Monthly Rental of Place of Business

- ☐ Not rented/ free of use
☐ Monthly Rental _____
(Attach copy of Lease Contract)

Line of Business

Products / Services

Do you have tax incentives from any government entity?

- ☐ No
☐ Yes, please specify _____
(Attach copy of Certificate)

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 Parañaque. 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 the 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 by the City Government Parañaque 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 Business Permits and Licensing Office (BPLO) in the City of Parañaque with any government agency, subdivision, department or Government-owned and controlled corporations (GOCC) or third parties as may be consistent with applicable laws, rules and regulations.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATED POSITION

APPLICANT'S COPY

VERIFICATION OF DOCUMENTS

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			EVALUATED BY
		YES	NO	NOT REQUIRED	
Certificate of Occupancy	Office of the City Building Official (OBO)				
Sanitary Permit/Health Clearance	City Health Office (CHO)				
City Environmental Certificate	City Environment and Natural Resources Office (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 SERVICES OFFICE

ASSESSMENT

4-02-01-100-02	Annual Building Inspection Fee	
4-02-01-100-03	Annual Electrical Inspection Fee	
4-02-01-100-05	Annual Plumbing Inspection Fee	
4-02-01-100-04	Annual Mechanical Inspection Fee	
4-02-01-100-06	Annual Electronic Inspection Fee	
4-02-01-100-07	Annual Signage Inspection Fee	
4-02-01-130-03	Filing Fee	
4-02-01-980-11	Surcharge	
4-02-01-980-85	Penalty & Administrative Fines 25%	
4-02-01-070-09	Preliminary Insp. & Verification Fee	

ASSESSED BY:

ASSESSMENT

4-02-01-130-18	Filing Fee	
4-02-01-130-19	Processing Fee	
4-02-01-010-22	Land Use Fee	
4-02-01-990-11	Reconsideration Fee	
4-02-01-980-03	Penalty	
4-02-01-040	Others	

ASSESSED BY:

ASSESSMENT

4-02-01-010-31	Butcher's License Fees	
4-02-01-010-32	Meat Handler's Fees	
4-02-01-010-33	Meat Dealer's Fees	
4-02-01-010-08	Annual Inspection Fee/ Veterinary Clearance	

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 explosion hazard insurance companies, and vendors of firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than the 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

TRACKING NUMBER:

Business Name

Last Name First Name Middle Name Suffix

[Grid for Business Name]

Total Floor Area

Business Address

House/Bldg. No. Name of Building Block No. Lot No. Street

Subdivision Barangay City/Municipality Province Zip Code

Contact Person

Last Name First Name Middle Name Suffix

Telephone No.

E-mail

Signature of Applicant/Owner

Certified by

Time and Date Received

Fire Safety Inspection Fee Assessment