

CITY OF PARAÑAQUE UNIVERSITATION FOR NEW BUSINESS PERMIT PBPLO-FM 03-01.01 Revo Effective July 19, 2021



TAX YEAR : ____

GENERAL INSTRUCTIONS

To be filled-up by BPLO:
Date of Receipt:

Tracking Number.:

Business ID Number.:

Philippine Standard Industrial Code:

Philippine Standard Geographic Code:

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 completele and clearly filled-out by the applicant;

Please ensure that ALL form and/or requirement				ary information is filled out. Inc	omplete submission of Application
	A	. DOCUMEN	ITARY REQU	IREMENTS	
SEC/CDA Registration Contract of Lease/M Certificate of Title (TC Certificate of Occup Photo (frontage and Proof of total capitali	OA/written consent T) (if owned) ancy (if required) interior), and Sketo	t (if leased) or Tax De	eclaration or Transfer	Remarks	
	B. BUSI	NESS INFOR	MATION AN	D REGISTRATION	1
orm of Organiza	tion				
OSole Proprietors	hip OParti	nership (Corporation	One Person Corpo	oration OCooperative
egistration Number				TIN:	
Business Name					
Trade Name	Franchise	O IPO			
Main Office Address					
	House/Bldg. No.	Name of	Building	Block No. Lot No.	Street
Subdivision	Bar	angay	City/Municipality	/ Province	Zip Code
Name of Owner/ President/ OIC				Citizenship	
Residential Residential	Last Name	First Name	Middle Name Suffi	x Sex O Male	e
Address	Javas / Plefer No.	Names of Buildi	Plan	ck No. Lot No.	Stroot
ſ	louse/Bldg. No.	Name of Buildi	пд вюс	ck No. Lot No.	Street
Subdivision		Barangay	City/Municipalit	ty Province	Zip Code
Contact Person				Telephone No.	
	Last Name	First Name N	liddle Name Suffix	E-mail	
		C. BUS	INESS OPERAT	TION	
Total Capital Investment	Total Floor Area (i		of Employees in Establis		
		Male	Female		
Susiness Location					
	House/Bldg. No	. Name of E	Building	Block No. Lot No.	Street
Subdivision	Bara	ngay	City/Municipality	Province	Zip Code
Business Activity	O Main Office	OAdmin. Office C	Only Others		al of Place of Business
bosiness Activity	Branch	○ Warehouse	(Please Specify)	Not rented/ free of u	se
Line of Bus	siness	Produc	ts / Services		ach copy of Lease Contract)
		-		Do you have tax incentive	ves from any government entity?
				No Yes, please specify	
		1-			(Attach copy of Certificate)
submitted to the City of appropriate legal action	Y OF PERJURY that a Sovernment of Para against me. I also a	III information in this ap inaque. Any false or aree to comply with th	plication are true and omisleading information to post-regulatory reaul	correct based on my personal supplied, or production of c irements and other deficiencie	knowledge and authentic records locuments shall be a ground for s (for renewal) within 30 days from

submitted to the City Government of Paranaque. 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 Paranaque 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.

VERIFICATION OF DOCUMENTS

		CC	MPLIAN	MPLIANCE EVALUATED E		
DESCRIPTION	OFFICE/AGENCY	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 BU	ILDING OFFICIAL
ASSESSMEN	IT	
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	
ASSESED BY:		

ASSESSMEN	T	
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:		

FOR CITY PLANNING/ ZONING OFFICE

FOR CITY VETERINARY SERVICES OFFICE

ASSESSMEN	г	
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).

lame of Applicant/ Owner					TRACKING NUMBER:	:
Business Name	Last Name	First Name	Middle Name	Suffix	-	
Total Floor Area						
Business Address						
	House/Bldg. No.		Name of Building		ock No. Lot No.	Street
Subdivision	Bai	rangay	City/Municipo	ality	Province	Zip Code
Contact Person					Telephone No.	
_	Last Name	First Name	Middle Name	Suffix	E-mail	
		Sig	nature of Applicant/	Owner		
Certified by		Time and Da	te Received	Fire Safe	ety Inspection Fee Assessment	





