B



BY ACCOMPLISHING AND SIGNING THIS FORM, I hereby attest that all information in this application are true and correct based on my personal knowledge and authentic records 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.

N:	Print Date:
Business Name:	Kind of Organization:
Trade Name:	
Business Address:	
Business Owner:	
Contact Number:	Email Address:
Area (sq.m.) Employees (F) Employe	yees (M) Total Employees Employees from (LGU) No. of Delivery Vehicles
Contact Person	Telephone No.
Position	E-mail
Line of Business	If place of Business is rented, please identify the following:  Lessor's Name:  Monthly Rental:  Rent Started:
Amendment	
	egal age, proprietor/duly authorized representative of, Parañaque City, and with
Business ID no. hereby declares:	, i dianaque city, and will
1. That the Quarterly Gross Sales/Receipt as per Bl  1st qtr	SIR QVAT Returns are as follows:
2. That the Monthly Gross Sales/Receipt as per BIR October; November; December Estimate; (A Certified True Copy or Original Copy of the	
3. That the TOTAL GROSS SALES is in the amount of	
	ents and I have hereunto affixed my signature this



SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME



**DESIGNATED POSITION**