

APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR 2020

MUNICIPALITY OF GERONA

INSTRUCTIONS:

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this form (if any) are complete and properly filled out.

I. APPLICANT SECTION

1. BASIC INFORMATION

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Mode of Payment	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Quarterly
Date of Application :			DTI/SEC/CDA Registration No.:		
TIN No.:			DTI/SEC/CDA Date of Registration:		
Type of Business :	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment: From:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
To:	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Are you enjoying tax incentive from any Government Entity?			<input type="checkbox"/> YES	<input type="checkbox"/> NO: Please specify the Entity?	

Name of Taxpayer / Registrant

Last Name:	First Name:	Middle Name:
Business Name:		
Trade Name / Franchise:		

2. OTHER INFORMATION

Note: **For RENEWAL APPLICATION**, do not fill up this section unless certain information have changed.

Business Address:					
Postal Code:			E-mail Address:		
Telephone No.:			Mobile No.:		
Home Address:					
Postal Code:			E-mail Address:		
Telephone No.:			Mobile No.:		
In case of emergency, provide name of contact person:					
Telephone / Mobile No.:					
Business Area (in sq. m.)		Total No. of Employees in the Establishment:		No. of Employees Residing within Gerona:	

NOTE: FILL UP ONLY IF BUSINESS PLACE IS RENTED

Lessor's Full Name:
Lessor's Full Address:
Lessor's Full Telephone / Mobile No.:
Lessor's E-mail Address:
Monthly Rental:

3. BUSINESS ACTIVITY

LINE/S OF BUSINESS	No. of Units	Capitalization (for New Business)	Gross/Sales Receipts (For Renewal)	
			Essential	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from release of the business permit.

SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME

POSITION / TITLE