



REPUBLIC OF THE PHILIPPINES  
**CITY OF CALOOCAN**  
BUSINESS PERMITS AND LICENSING OFFICE  
Tel Nos. 8336-56-92 / 8288-88-11 Local 2248/2217  
bplo@caloocancity.gov.ph



**APPLICATION FORM FOR NEW BUSINESS**

Mode of Payment: ☐ Annually ☐ Semi-Annually ☐ Quarterly

Tax Year: \_\_\_\_\_

**To be filled-up by BPLO:**

Date of receipt: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

BIN: \_\_\_\_\_

<b>A. BUSINESS INFORMATION</b>			
Form of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> One Person Corporation <input type="checkbox"/> Cooperative			
DTI / SEC / CDA Registration Number:		Tax Identification Number (TIN):	
Business Name:			
Trade Name /Franchise:			
Main Office Address: House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Barangay _____ Subdivision _____ City/Municipality _____ Province _____ ZIP Code _____			
Contact Person:		Tel./Mobile No.: _____ Email Address: _____	
(For Sole Proprietorship) or (For Corporations/Partnerships/Cooperatives) Name of Owner / President/Officer in Charge:		Surname	Given Name Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Citizenship:	
Residential Address: House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Barangay _____ Subdivision _____ City/Municipality _____ Province _____ ZIP Code _____			
<b>B. BUSINESS OPERATION</b>			
Total Floor Area (in sq.m.):	Total No. of Employees in Establishment:		No. of Employees Residing within LGU:
	Male:	Female:	
No. of Delivery Vehicles:			
Business Address: House/Bldg. No. _____ Name of Building _____ Block No. _____ Lot No. _____ Street _____ Barangay _____ Subdivision _____ City/Municipality _____ Province _____ ZIP Code _____			
If place of business is rented, how much is the monthly rental?			
Business Activity (please check the appropriate box)	Specific Products/Services		Business Capitalization
<input type="checkbox"/> Manufacturer/producer			
<input type="checkbox"/> Service/Contractor			
<input type="checkbox"/> Wholesaler			
<input type="checkbox"/> Retailer			
<input type="checkbox"/> Warehouse (Main office location)			
<input type="checkbox"/> Lessor			
<input type="checkbox"/> Financial establishment			
<input type="checkbox"/> Food Establishment			
<input type="checkbox"/> Real Estate / Subd. Dealer			
<input type="checkbox"/> Others, please specify			

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 Local Government. Any false or misleading information supplied, or production of documents shall be 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, I hereby authorize and consent the Local Government to treat any personal data provided in this application with utmost confidentiality.

SIGNATURE OF APPLICANT / OWNER OVER PRINTED NAME

DESIGNATED POSITION

I. Appropriate Department shall fill-up this section.

1. Verification of Documents

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			REMARKS	EVALUATED BY	Date and Time Received	Record Out Date and Time
		Y	N	NR				
ZONING CLEARANCE <input type="checkbox"/> SUP (When Applicable)	City Zoning Administration Office							
<input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical	Office of the City Building Official (OCBO)							
Sanitary Permit /Health Clearance	Sanitation Division / City Health Department							
City Environmental Certificate	City Environmental Management Department							
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection							
Other Regulatory Office/s:								

\*NR- Not Required

II. BUREAU OF FIRE PROTECTION SECTION (APPLICATION FOR FIRE SAFETY INSPECTION CERTIFICATE (FSIC))

Tracking Number:

Date:

(To be filled-up by Applicant/Owner)

Name of Applicant / Owner:

Name of Business:

Total Floor Area:

Contact Number:

Address of Establishment:

SIGNATURE OF APPLICANT/OWNER

Certified by:

Date and Time Received:

Fire Safety and Inspection