



APPLICATION FORM FOR MAYOR'S PERMIT

Tax Year: **2025** MUNICIPALITY OF BALER



<input type="checkbox"/> NEW	<input type="checkbox"/> PAYMENT
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Annually
<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> Bi-Annually
	<input type="checkbox"/> Quarterly

Date of Receipt _____
 Tracking Number _____
 Business ID Number _____

A. BUSINESS INFORMATION AND REGISTRATION

Please Choose One Sole Proprietorship One Person Corporation Partnership Corporation Cooperative

Male Female Male Female

DTI/SEC/CDA Registration Number: _____ Tax Identification Number: _____

Business Name: _____

Trade Name/Franchise (if applicable) _____

Main Office Address House/Bldg. No. _____ Lot No _____ Block No. _____ Street _____ Barangay _____
 Purok/Subdivision _____ City/ Municipality _____ Province _____ Zip Code _____

Telephone No: _____ Mobile Number: _____ Email Address: _____

(For Sole Proprietorship)
 Name of Owner Surname: _____ Given Name: _____ Middle Name: _____ Suffix: _____

(For Corporation/Cooperative/Partnership)
 Name of President/ Officer in Charge Surname: _____ Given Name: _____ Middle Name: _____ Suffix: _____

For Corporation Filipino Foreign

B. BUSINESS OPERATION

Business Area (in sq. m.) _____ Total Number of Employees in Establishment _____ No. of Employees _____ No. of delivery Vehicles (if applicable) _____
 Total Floor Area (in sq. m.) _____ Male _____ Female Residing Within _____ Van _____ Truck

Same as Main Office Address
 Business Location Address: House/Bldg. No. _____ Lot No _____ Block No. _____ Street _____ Barangay _____
 Purok/Subdivision _____ City/ Municipality _____ Province _____ Zip Code _____

Owned? Yes No If Yes, Tax Declaration No _____ or Property Identification Number _____

Do you have tax incentives from any Government Entity? Yes (Please attach a copy of your certificate) No

Business Activity (Please check one) Main Office Branch Office Admin Office Only Warehouse Others Pls. Specify _____

Line of Business	Philippine Standard Industrial Code (if available)	Products/Services	No. of Units	Capitalization

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 Business Permit and Licensing Office. Any false or misleading information supplied, or production of fake and falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulations)and account transaction information or records with the Municipal Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

 SIGNATURE OF APPLICANT/OWNER OVER PRINTER NAME

 DESIGNATION / POSITION / TITLE