



## APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR \_\_\_\_\_

### CITY GOVERNMENT OF EL SALVADOR

#### 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-Annually	<input type="checkbox"/> Quarterly
Date of Application:		DTI/SEC/CDA Registration No. :			
TIN No. :		DTI/SEC/CDA Registration No. :			
Type of Business :	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative	
Amendment: <b>From</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
<b>To</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
Are you enjoying tax incentive from any Government Entity? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 applications,** do not fill up section unless certain information have changed.

Business Address:					
Postal Code:			Email Address:		
Telephone No:			Mobile No:		
Owner's Address:					
Postal Code:			Email Address:		
Telephone No:			Mobile No:		
In case of emergency, provide name of contact person:					
Telephone/Mobile No:			Email Address:		
Business Area( in sq m.):		Total No. of Employees in Establishment:		No. of Employees Residing within LGU:	

##### 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 Email Address:					
Monthly Rental:					

##### 3. BUSINESS ACTIVITY

Line 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

II. LGU SECTION (Do Not Fill Up This Section)					
1. VERIFICATION OF DOCUMENTS					
Description	Office/Agency	Yes	No	Not Needed	Remarks
Occupancy Permit (For New)	Office of the Building Official				
Barangay Clearance (For Renewal)	Barangay				
Sanitary Permit/Health Clearance	City Health Office				
City Environmental Certificate	City Environment and Natural Resources Office				
Market Clearance (For Stall Holders)	Office of the City Market Administrator				
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection				
Verified by: BPLO _____					
2. ASSESSMENT OF APPLICABLE FEES					
Local Taxes	Amount Due	Penalty/Surcharge	Total		
Gross Sales Tax					
Tax on Delivery Vans/ Trucks					
Tax on Storage for Combustible/ Flammable of Explosive Substance					
Tax on Signboard/ Billboards					
REGULATORY FEES AND CHARGES					
Mayor's Permit Fee					
Garbage Charges					
Delivery Trucks/Vans Permit Fee					
Sanitary Inspection Fee					
Health Certificate					
Laboratory Fees ( Sputum, Stool, HGB)					
Documentary Stamp Fee					
Zoning Inspection Fee					
Building Inspection Fee					
Electrical Inspection Fee					
Mechanical Inspection Fee					
Plumbing Inspection Fee					
Occupational Fee					
Signboard/Billboard Renewal Fee					
Signboard/Billboard Renewal Fee					
Storage and sale of Combustible/Flammable or Explosive Substance					
Others					
<b>TOTAL FEES for LGU</b>					
<b>FIRE SAFETY INSPECTION FEE (10%)</b>					
Assessed by: CTO _____			FSIF Assessment Approved by: BFP _____		
III. CITY/MUNICIPALITY FIRE STATION SECTION					
					DATE: _____
APPLICATION: _____ (TO BE FILLED UP BY APPLICANT/OWNER)					
Name of Applicant/Owner: _____					
Name of Business: _____					
Total Floor Area: _____			Contact No: _____		
Address of Establishment: _____					
_____ Signature of Applicant/Owner					
<input type="checkbox"/>					
Certified By:					
Customer Relations Officer					
Time and Date Received: _____				FIRE SAFETY INSPECTION FEE ASSESSMENT:	

*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 fire fighting 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).*