



REPUBLIC OF THE PHILIPPINES  
**QUEZON CITY**  
 BUSINESS PERMITS AND LICENSING DEPARTMENT  
 Tel. no. 988-4242 (Loc. 8174 / 8282)



# UNIFIED BUSINESS PERMIT APPLICATION FORM

- NEW  AMENDMENT  
 RENEWAL  SHORT TERM/SPECIAL PERMIT

To be filled-up by BPLD:

Date of Receipt: \_\_\_\_\_  
 Tracking Number: \_\_\_\_\_  
 Business ID Number: \_\_\_\_\_  
 Philippine Standard Industrial Code: \_\_\_\_\_

CLEARANCE FOR: \_\_\_\_\_  
 FISCAL YEAR: \_\_\_\_\_

**GENERAL INSTRUCTIONS:**

- Accomplish the application form by ticking the appropriate boxes, typing, and/or printing (UPPER CASE/CAPITAL LETTER). All required data fields/information should be completely and clearly filled-out by the applicant.
- Please ensure that ALL required documents are properly attached and fill out ALL necessary information. Incomplete data on application form and/or requirements will be returned to the applicant / will not be processed.

**A. BASIC DOCUMENTARY REQUIREMENTS**

- Proof of Business Registration (DTI for Sole Proprietorship/SEC for Corporations and Partnerships/CDA for Cooperatives)  
 Locational Clearance (when applicable)  
 Contract of Lease (if leased) or Tax Declaration (if owned)  
 Occupancy Permit (when applicable)  
 Sketch and photos of location of business (when applicable)

**B. BUSINESS INFORMATION AND REGISTRATION**

Please choose one:  Sole Proprietorship  Partnership  Corporation  Cooperative

DTI / SEC / CDA Registration Number: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name / Franchise (If applicable): \_\_\_\_\_

Main Office Address: House/Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
 City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone No.:	Mobile No.:	Email Address:		
(For Sole Proprietorship)	Surname	Given Name	Middle Name	Suffix
Name of Owner:				
(For Corporations/ Cooperatives/ Partnerships)	Surname	Given Name	Middle Name	Suffix
Name of President / Officer in Charge:				

Sex:  Male  Female For Corporation: Filipino \_\_\_\_\_ Foreign \_\_\_\_\_

**C. BUSINESS OPERATION**

Business Area (in sq. m.): \_\_\_\_\_ Time of Operation: \_\_\_\_\_ Total No. of Employees in Establishment: \_\_\_\_\_ No. of Employees Residing within QC: \_\_\_\_\_ No. of Delivery Vehicles (If applicable): \_\_\_\_\_  
 Total Floor Area (in sq.m.): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Business Location Address: House/Bldg. No. \_\_\_\_\_ Name of Building \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Street \_\_\_\_\_ Barangay \_\_\_\_\_ Subdivision \_\_\_\_\_  
 City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

Owned?  Yes  No, If Yes, Tax Declaration No. \_\_\_\_\_ or Property Identification No. \_\_\_\_\_

Total Capital Investment (Paid up Capital + Lease Expenses + Equipments): \_\_\_\_\_

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  Admin Office Only

Line of Business	Products / Services	Equipment (If applicable)		
		No. of Units	Description	Size

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 Quezon City Government. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

\_\_\_\_\_  
 DESIGNATION / POSITION

**I. Appropriate Department shall fill-up this section**

**1. VERIFICATION OF DOCUMENTS**

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			Remarks	Evaluated by
		Y	N	NR		
Zoning Clearance <input type="checkbox"/> SUP (When Applicable)	CPDO					
<input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical	Department of Building Official					
Validation of the Proof of Ownership or Authority to Use	City Assessor's Office					
Sanitary Permit/Health Clearance	City Health Department					
City Environmental Certificate	EPWMD					
Market Clearance (For Stall Holders) <input type="checkbox"/> Franchise To Operate (When Applicable)	MDAD					
Veterinary Clearance	City Veterinary Office					
Security Clearance	DPOS					
Traffic Clearance	TFTM					
Liquor Permit	LLRB					
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection					

\* NR – Not Required

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

**TRACKING NO.:**

**DATE:**

**(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**

**Certified by:**

**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 firefighting equipment, appliances and devices) may be required to pay additional charges and fees other than the Fire Safety Inspection Fees. These additional charges shall be collected during inspection or in another process to be communicated by representatives of the Bureau of Fire Protection (BFP).*