



Republic of the Philippines
OFFICE OF THE CITY MAYOR
BUSINESS PERMITS AND LICENSING OFFICE
Ormoc City

BPLO Form No.
01
Revision No.
2
Effectivity Date
01-Jan-25
Document No.
2025-__-__

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

APPLICATION FOR:	MODE OF PAYMENT:
<input type="checkbox"/> NEW	<input type="checkbox"/> ANNUALY
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> SEMI-ANNUALLY
<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> QUARTERLY

MODE OF DELIVERY:
<input type="checkbox"/> HARD COPY (PICK-UP)
<input type="checkbox"/> SOFT COPY (EMAIL)

To be filled-out by BPLO Personnel:

DATE OF APPLICATION:
TRACKING NUMBER:
BUSINESS ID NUMBER:

A. BUSINESS INFORMATION AND REGISTRATION

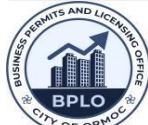
Please choose one:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> One Person Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Association	<input type="checkbox"/> Others (Please Specify): _____	
DTI / SEC / CDA Registration Number:	_____			Tax Identification Number (TIN): _____
Name of Taxpayer [LN, FN, MN, Suffix (If Applicable)]: _____				
Address of Taxpayer: House/Bldg. No. _____ Bldg. Name _____ Lot No. _____ Block. No. _____				
Subdivision _____ Street _____ Barangay _____				
City/Municipality _____ Province _____ ZIP Code _____				
Telephone No.: _____		Mobile No.: _____		Email Address: _____
Business /Trade Name(If Applicable): _____				
Main Office Address: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block. No. _____				
Subdivision _____ Street _____ Barangay _____				
City/Municipality <u>D</u> Province <u>D</u> ZIP Code <u>D</u>				
Telephone No.: _____		Mobile No.: _____		Email Address: _____
For Corporation: <input type="checkbox"/> Filipino <input type="checkbox"/> Foreign				
Name of President [LN, FN, MN, Suffix (If Applicable)]: _____				

B. BUSINESS OPERATION

Business Area (in sq. m.)	Total No. of Employees in Establishments				No. of Employee(s) Residing in Ormoc City:	No. of Delivery Truck (If applicable)
Total Floor Area (in sq. m.):	Male:	Female:	LGBT:	Total:		Van/Truck _____ Motorcycle _____
Business Location Address (Do not fill-out this section unless the location is different from the Main Office Address) :						
House/Bldg. No. _____ Bldg. Name _____ Lot No. _____ Block. No. _____						
Subdivision _____ Street _____ Barangay _____						
City _____ Province _____ ZIP Code _____						

C. OTHER INFORMATION

If Place of Business is Owned:	Tax Declaration No.:	Property Identification No.:
If Place of Business is Rented:	<input type="checkbox"/> New Building	<input type="checkbox"/> Old Building
Lessor's Name [LN, FN, MN, Suffix (If Applicable)]:		Monthly Rental Fee ₱ _____
Lessor's Address: House/Bldg. No. _____ Name of Building _____ Lot No. _____ Block. No. _____		
Subdivision _____ Street _____ Barangay _____		
City/Municipality _____ Province _____ ZIP Code _____		
Telephone No.: _____		Email Address: _____
Do you have tax incentives from any Government Entity? <input type="checkbox"/> Yes (Please attach a copy of your certificate) <input type="checkbox"/> No		
Business Activity (Please check one): <input type="checkbox"/> Main Office <input type="checkbox"/> Branch <input type="checkbox"/> Admin Office Only <input type="checkbox"/> Warehouse <input type="checkbox"/> Others, Pls. Specify _____		



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G/F New Ormoc City Hall, Aunubing Street, Brgy. Cogon, Ormoc City, Leyte 6541 Philippines



D. BUSINESS ACTIVITY

LINE OF BUSINESS	Philippine Standard Industrial Code (If Available)	No. of Units	DECLARATION	
			NEW (Gross Capital)	RENEWAL Last Year's Gross Sales / Receipts: (Monthly Sales/Receipts X No. of Month of Operations during the prior year)
			₱	₱
TOTAL			₱	₱

OATH OF UNDERTAKING

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 City Government of Ormoc. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatic revocation of the issued business permit. I hereby agree that all personal data as defined under the R.A. 10173 also known as the "Data Privacy Law of 2012" and its Implementing Rules and Regulations and account transaction information or records with the City Government of Ormoc may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, injury and audit or investigation of any authority.

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION / POSITION / TITLE

AUTHORIZED REPRESENTATIVE:

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATION / POSITION / TITLE

MOBILE NO.: _____