



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

# UNIFIED APPLICATION FORM FOR MAYOR'S / BUSINESS PERMIT

**BPLO Form No.**  
01  
**Revision No.**  
3  
**Effectivity Date**  
01-January-2026  
**Document No.**  
2026-\_\_\_\_-\_\_\_\_

<b>APPLICATION FOR:</b>	<b>MODE OF PAYMENT:</b>
NEW	ANNUAL
RENEWAL	SEMI-ANNUAL
	QUARTERLY

<b>MODE OF DELIVERY:</b>
HARD COPY (PICK-UP)
SOFT COPY (EMAIL)

To be filled-out by BPLO personnel:

<b>Date of Application:</b>
<b>BUSINESS ID NUMBER:</b>
<b>TRACKING NUMBER:</b>

## 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):		
<b>Business /Trade Name (If Applicable):</b>				
<b>Main Office Address:</b> House/Bldg. No.		Bldg. Name:	Lot No.:	Block No.:
Subdivision:		Street:		Barangay:
City/Municipality:		Province:		ZIP Code:
Telephone No.:		Mobile No.:		Business Email Address:
<b>Name of Taxpayer [LN, FN, MN, Suffix (If Applicable)]:</b>				
<b>Address of Taxpayer:</b> House/Bldg. No.		Bldg. Name:	Lot No.:	Block No.:
Subdivision:		Street:		Barangay:
City/Municipality:		Province:		ZIP Code:
Telephone No.:		Mobile No.:		Personal Email Address:
<b>For Corporation:</b>		<input type="checkbox"/> Filipino	<input type="checkbox"/> Foreign	
<b>Name of President [LN, FN, MN, Suffix (If Applicable)]:</b>				

## B. BUSINESS OPERATION

Business Activity (check only one)	<input type="checkbox"/> Main Office	<input type="checkbox"/> Branch	<input type="checkbox"/> Admin Office Only	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Others, Please Specify:	
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)
	Male:	Female:	LGBT:	Total:		
Total Floor Area (in sq. m.)					Van / Truck	Motorcycle
<b>Business Location Address (DO NOT FILL-OUT, unless different from the Main Office Address):</b>						
House/Bldg. No.		Bldg. Name:		Lot No.:	Block No.:	
Subdivision:		Street:			Barangay:	
City/Municipality:		Province:			ZIP Code:	

## C. OTHER INFORMATION

If location of Business is Owned:	Tax Declaration No.:		Property Identification No.			
If location of Business is Leased:	<input type="checkbox"/> New Building	<input type="checkbox"/> Old Building	Monthly Rental Fee:			
<b>Name of Lessor [LN, FN, MN, Suffix (If Applicable)]:</b>						
<b>Address of Lessor:</b> House/Bldg. No.		Bldg. Name:		Lot No.:	Block No.:	
Subdivision:		Street:			Barangay:	
City/Municipality:		Province:			ZIP Code:	
Telephone No.:		Mobile No.:			Personal Email Address:	
Is there water connection at Business Location?		<input type="checkbox"/> Yes	(If yes); Account Name:			
		<input type="checkbox"/> No	Account Number:			
Do you have tax incentives from any Government Entity?		<input type="checkbox"/> Yes (Attach copy of certificate)	<input type="checkbox"/> No			



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ISO 9001:2015  
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ID 900038721