



Republic of the Philippines
Province of Bukidnon
City of Valencia
OFFICE OF THE CITY MAYOR

This Application Form is downloadable at www.cityofvalencia.gov.ph

APPLICATION FORM FOR BUSINESS / MOTORELA/ REGULATORY PERMIT

INSTRUCTIONS: 1. Provide accurate information and print legibly to avoid delays. Incomplete Application Form will not be accepted.
2. Ensure that all documents attached to this form are complete and properly filled out.

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	Mode of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	Permit No: _____
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Application for Business Motorela Regulatory

Date of Application: _____	DTI/SEC/CDA Registration No.: _____
Reference No.: _____	DTI/SEC/CDA Date of Registration: _____

Type of Organization: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	CTC no. _____	TIN: _____
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Name of Taxpayer/Registrant:

Last Name: _____	First Name: _____	Middle Name: _____
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Business Name: _____

Trade Name/Franchise: _____

Name of President (applicable to Corporation/Cooperative)

Last Name: _____	First Name: _____	Middle Name: _____
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Business Address	Owner's/Operator's Home Address
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Street: _____	Street: _____
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Barangay: _____	Barangay: _____
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City & Province: _____	City & Province: _____
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Telephone/Mobile No.: _____	Telephone/Mobile No.: _____
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Email address: _____	Email address: _____
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Name & Contact of person, in case of emergency: _____

Property Index Number (PIN): _____	Coordinates - Latitude: _____	Longitude: _____
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Business area (in sq. m.): _____	Total no. of employees: _____	No. of Employees residing in Valencia: _____
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Note: Fill Up only if place of business is RENTED. Please identify the following:	MONTHLY RENTAL:
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Lessor's Full Name: _____	MONTHLY RENTAL: _____
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Lessor's Full Address: _____

Lessor's Telephone No.: _____

Lessor's Email Address: _____

Applicable for Business Permit Application

Code	Line of Business	No. of Units	Capitalization(New Business)	Gross Sales/Receipts(for Renewal)	
				Essential	Non-Essential

Verification of Documents

Description	Office/Agency	Yes	No	Not Needed
Occupancy Permit (For New)	City Engineering's Office			
Barangay Clearance	Barangay			
Sanitary Permit/Health Certificate	City Health Office			
City Environment Certificate	CENRO			
Stall Vendor's Compliance Certificate	City Economic Enterprise Office			
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection			
Other document/s if required by law:				

Applicable for Motorela Permit Application

Motorela Body no: _____	Association's Name: _____	Driver's ID number: _____
Engine No.: _____	Assigned rest day: _____	Driver's name: _____
Chassis No.: _____	Motorela body color: _____	Driver's license no.: _____
Plate No.: _____	Franchise No.: _____	Franchise Type: <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Confirmation

OATH OF UNDERTAKING

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 requirements and other deficiencies within thirty (30) days from release of the Business/Motorela/Regulatory permit.

<i>SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME</i>	<i>POSITION/TITLE</i>
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RECOMMENDING APPROVAL:

CARLOS C. CARO, JR.
ICO-City Treasurer

APPROVED:

AZUCENA P. HUERVAS
City Mayor

CITY FIRE STATION SECTION

Application No.: _____	Date: _____		
(TO BE FILLED UP BY APPLICANT/OWNER)			
Name of Applicant/Owner: _____			
Name of Business: _____			
Address of Establishment: _____			
Total Floor Area: _____	Contact No.: _____		
<table border="1" style="float: right;"> <tr> <td>FIRE SAFETY INSPECTION FEE ASSESSMENT</td> <td>Php</td> </tr> </table>		FIRE SAFETY INSPECTION FEE ASSESSMENT	Php
FIRE SAFETY INSPECTION FEE ASSESSMENT	Php		
Certified by: Signature of Applicant/Owner Customer Relation Officer _____			
Time and Date Received: _____			