



CITY OF PARAÑAQUE BUSINESS PERMITS AND LICENSING OFFICE

APPLICATION FOR RENEWAL OF BUSINESS PERMIT PBPLO-FM 03-03.01 Rev0
Effective July 19, 2021



BY ACCOMPLISHING AND SIGNING THIS FORM, I hereby attest that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the City Government of Parañaque. Any false or misleading information supplied, or production of documents shall be a ground for appropriate legal action against me. I also agree to comply with the post-regulatory requirements and other deficiencies (for renewal) within 30 days from release of the permit. **Further, in compliance with the requirements of the Data Privacy Act, I/We am/are giving my/our consent in the collection, generation, use, processing, storage and retention of my/our personal data by the City Government Parañaque for the purpose(s) described in this document and to share my/our personal information obtained in the course of registering my/our business in Business Permits and Licensing Office (BPLO) in the City of Parañaque with any government agency, subdivision, department or Government-owned and controlled corporations (GOCC) or third parties as may be consistent with applicable laws, rules and regulations.**

BIN: _____

Print Date: _____

Business Name: _____ **Kind of Organization:** _____

Trade Name: _____

Business Address: _____

Business Owner: _____

Contact Number: _____ **Email Address:** _____

Area (sq.m.)	Employees (F)	Employees (M)	Total Employees	Employees from (LGU)	No. of Delivery Vehicles

Contact Person _____
Position _____

Telephone No. _____
E-mail _____

Line of Business

If place of Business is rented, please identify the following:
Lessor's Name: _____
Monthly Rental: _____
Rent Started: _____

Amendment

I, _____ of legal age, proprietor/duly authorized representative of _____ (business name), with business address at _____, Parañaque City, and with Business ID no. _____ hereby declares:

- That the Quarterly Gross Sales/Receipt as per BIR QVAT Returns are as follows:
1st qtr. _____;
2nd qtr. _____;
3rd qtr. _____;
- That the Monthly Gross Sales/Receipt as per BIR Monthly VAT Returns are as follows:
October _____;
November _____;
December Estimate _____;
(A Certified True Copy or Original Copy of the QVAT and Monthly VAT must be attached hereto which shall form an integral part thereof)
- That the TOTAL GROSS SALES is in the amount of PhP _____,
- That I attest to the truth of the foregoing statements and I have hereunto affixed my signature this _____

SIGNATURE OF APPLICANT/OWNER OVER PRINTED NAME

DESIGNATED POSITION



APPLICANT'S COPY