



GENERAL INSTRUCTIONS:

1. For **NEW BUSINESS**, please fill-out Sections A-C.
2. For **RENEWAL** and **RETIRING BUSINESSES**, Kindly fill-up Section C.
3. For **AMENDMENT** of Business Data, fill-up amendment Section and applicable fields for revision.



2026

UNIFIED APPLICATION FORM FOR BUSINESS PERMIT

TRANSACTION TYPE:	FORM OF OWNERSHIP:	MODE OF PAYMENT:	DATE OF APPLICATION:
<input type="checkbox"/> NEW	<input type="checkbox"/> SINGLE PROPRIETORSHIP	<input type="checkbox"/> ANNUALLY	TRANSACTION NUMBER:
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SEMI-ANNUALLY	BUSINESS PLATE NUMBER:
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> QUARTERLY	BUSINESS ACCOUNT NUMBER (BAN)
<input type="checkbox"/> FULL RETIREMENT	<input type="checkbox"/> ONE-PERSON CORPORATION	PAYMENT OPTIONS:	
<input type="checkbox"/> PARTIAL RETIREMENT	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> CASH	
	<input type="checkbox"/> ASSOCIATION/ FOUNDATION	<input type="checkbox"/> CHEQUE	
		<input type="checkbox"/> ONLINE PAYMENT	

AMENDMENT/S: (If there are any changes or amendments from the previous business registration, please check the box/es and attach copies of supporting documents.)

<input type="checkbox"/> Ownership	<input type="checkbox"/> Form of Ownership	<input type="checkbox"/> Business Name	<input type="checkbox"/> Business Address	<input type="checkbox"/> Nature of Business	<input type="checkbox"/> Additional Line
FROM			TO		

A. BUSINESS INFORMATION AND REGISTRATION

Do you have tax incentives from any Government Entity? Yes (Please specify the entity and attach a copy of your certificate)

DTI /SEC/CDA Registration No.	PEZA /BOI Registration No.	Tax Identification Number (TIN)
DTI /SEC/CDA Registration Date	PEZA /BOI Registration Date	BIR Certificate Registration No.

Business Name:

Trade Name / Franchise (If applicable):

Name of Taxpayer: (for Sole Proprietorship only)		Name of President / Officer in Charge: (for Corporation, OPC, Partnership, Association & Cooperatives only)	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
MIDDLE NAME	SUFFIX	MIDDLE NAME	SUFFIX
GENDER <input type="radio"/> Male <input type="radio"/> Female	EMAIL ADDRESS	GENDER <input type="radio"/> Male <input type="radio"/> Female	EMAIL ADDRESS
MOBILE NO.	TELEPHONE NO.	MOBILE NO.	TELEPHONE NO.
OWNER'S RESIDENTIAL ADDRESS	MAIN OFFICE ADDRESS	OWNER'S RESIDENTIAL ADDRESS	MAIN OFFICE ADDRESS
House / Building / Block & Lot No. Street / Subdivision / Village	House / Building /Block& Lot No. Street / Subdivision / Village	Barangay City / Municipality Province Zip Code	Barangay City / Municipality Province Zip Code

B. BUSINESS OPERATION

Total Floor Area (in square meters)	BUSINESS ADDRESS	House No. / Bldg. No / Blk & Lot No.	Name of Building / Street Name / Purok
Area intended for Business (in sqm.)	<input type="radio"/> MAIN <input type="radio"/> BRANCH	Subdivision / Village Name	Barangay
Total Number of Employees	Is the place OWNED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Property Identification Number (PIN) (as indicated in the Tax Declaration)
Total Number of Employees Residing within Calamba	If leased, Lessor's Full Name:	Lessor's Address	
No. of Delivery Vehicles	Marketing Platform	WEBSITE please indicate site below	Social Media Account/s: please indicate below

C. DECLARATIONS

TOTAL CAPITAL INVESTMENT (Please attach Declared Total Capital Investment which includes Net working Capital + PP&E + Goodwill & Intangibles)

NATURE/ LINE OF BUSINESS	PRODUCTS/ SERVICES	PSIC Code	No. of Units	CAPITALIZATION / PREVIOUS GROSS SALES RECEIPTS	CURRENT GROSS SALES/ RECEIPTS	
					Essential	Non-Essential

DEED OF UNDERTAKING/ WAIVER

I, _____, of legal age, and business registrant of Calamba City, undertake to comply with all statutory and regulatory requirements necessary to my license/permit application both on prerequisite and post-inspection bases. I hereby authorize access to the premises of my establishment for city inspector/s to conduct the incidental/mandatory ocular inspection pursuant to law/ordinance.

Likewise, I declare under penalty of perjury, that all information declared in this application are true and correct to the best of my personal knowledge and hereby attest to the authenticity of all the attached documents. I also acknowledge that all personal data and account transaction information records with the City Government of Calamba may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process examination/inquiry/investigation of any legal authority consistent and within the limits of the provisions of Data Privacy Act of 2012 and its Implementing Rules and Regulations.

Accordingly, I hereby recognize the right of the City Government of Calamba to issue suspension or revocation of my permit/license or execute foreclosure after due process in case of non-compliance on my part of any requirement, refusal to be inspected, and violation of pertinent law or any of the terms and conditions of my permit/license.

SIGNATURE OF APPLICANT/ OWNER OVER PRINTED NAME

DESIGNATION/ POSITION/ TITLE

APPROPRIATE DEPARTMENT SHALL FILL - UP THIS SECTION

1. Make sure that application form is properly filled-out and all **DOCUMENTARY AND REGULATORY REQUIREMENTS ARE PROPERLY ARRANGED AND ATTACHED**. Incomplete requirements will be returned to the applicant. (together with the Document Pre-Assessment Form)
2. Indicate the document/certificate number of issued regulatory permits, if applicable.
3. In case of deficiencies or non-compliance, you are requested to return to the concerned office or personnel for proper action.

VERIFICATION OF DOCUMENTS: NEW RENEWAL WITH POSITIVE FINDINGS _____

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			Remarks	Evaluated by Name & Designation
		YES	NO	NOT REQUIRED		
Assessment of Application and requirements	Business Permits and Tricycle Franchising Office					
Verification of Business Record	City Treasury Management Office					
Zoning Clearance <input type="checkbox"/> Zoning Ordinance (When Applicable)	City Planning and Development Office					
<input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical	Building Regulatory Services Department					
Validation of the Proof of Ownership or Authority to Use	City Assessment Office					
Sanitary Permit/ Health Clearance	City Health Services Department					
City Environment Certificate	City Environment and Natural Resources Department					
Security & Traffic Clearance	Public Order and Safety Office					
Department of Tourism Accreditation	Cultural Affairs, Tourism and Sports Development Department					
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection					
Veterinary Office Clearance	Veterinary and Slaughterhouse Management Department					
Other regulatory Clearance/ Certificate as needed	Other Regulatory Office					

MEMORANDA:

SKETCH/ LOCATION MAP: **LANDMARKS** _____