



Republic of the Philippines
PROVINCE OF ILOCOS NORTE
MUNICIPALITY OF SAN NICOLAS

(BUSINESS PERMITS & LICENSING OFFICE)
Mayor's Office

REQUIREMENTS:

NEW

1. CTC
2. Brgy. Clearance
3. Brgy. Business Clearance
4. Court Clearance
5. Police Clearance
6. Mayor's Clearance
7. DTI Registration
8. Fire Safety Clearance
9. Annual Registration Fee (BIR)
10. Sanitary/Health Certificate
11. Location sketch of the new business
12. Paid up Capital
13. Zoning Clearance
14. Certificate of Non-delinquency

RENEW

1. Previous Mayor's Permit
2. Declaration of Gross Sales
3. CTC
4. Brgy. Clearance
5. Brgy. Business Clearance
6. Court Clearance
7. Police Clearance
8. Mayor's Clearance
9. Fire Safety Clearance
10. SSS
11. BIR
12. Philhealth
13. Sanitary
14. Health Certificate
15. Income Tax Return
16. Certificate of Non-delinquency
17. Certificate of tax exemption

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TO WHOM IT MAY CONCERN:

In connection with the application of _____ for a Mayor's permit to operate a _____ business in _____ San Nicolas, Ilocos Norte to start on _____.

We hereby certify that applicant has duly complied with the requirements pursuant to Municipal Ordinance 08 Series of 2002, and other related laws for the establishment and operation of said business. Thus:

AS TO ZONIFICATION:

EDNA U. TOLENTINO
MPDC/Deputized
Zoning Administration
Date: _____

AS TO SANITATION:

DR. LEONEIL C. OBIEN
Municipal Health Officer
Date: _____

AS TO BUILDING STRUCTURES
& ELECTRICAL & PLUMBING
INSTALLATION:

ENGR. VENONIE V. COLOMA
Municipal Engineer
Date: _____

Verification
AS TO REAL PROPERTY TAX:

ROSITA B. CARAANG
Local Treasury Oprtn. Officer
Date: _____

CONFORME:

HENRY U. ULEP
ICO – Municipal Treasurer
Date: _____

Sketch of Business Establishment:



APPLICATION FOR PERMIT TO OPERATE BUSINESS

Application No.: _____
Registration No.: _____
Date Registered: _____

{ } New { } Renewal { } Transfer of Ownership

The Honorable Mayor
Thru the Municipal Treasurer

Sir:

Pursuant to the provision of the 2008 Revenue Code of the Municipality of San Nicolas, Province of Ilocos Norte, I have the honor to apply for a permit to operate business and for the purpose, I hereby apply for the following information:

NAME OF OWNER: _____
FIRST NAME MIDDLE NAME LAST NAME
SEX: BIRTH DATE: AGE: CITIZENSHIP: CIVIL STATUS: STREET/SITIO:
BRGY. NO. MUNICIPALITY: PROVINCE: ZIP CODE:
TEL. NO. CP NO.: FAX NO. Email ADDRESS
NFA REG.: EXPIRATION DATE: SEC. REG.: DTI REG. NO.:
BUSINESS TRADE NAME: BIR REG. NO.: () VAT () Non VAT
DATE OF ESTABLISHMENT: NAME OF MANAGER:
LOCATION OF BUSINESS: Type of Occupancy: () owned () leased
NO. OF EMPLOYEES: NO. OF DELIVERY VEHICLES: AREA OF BUSINESS ESTABLISHMENT:
FORM OF BUSINESS: () Single Proprietorship () Partnership () Corporation
BUSINESS CATEGORY: () Single Office () Main Office () Branch () Sub Branch

SPECIFIC LINE OF ACTIVITY PRESENTLY ENGAGED IN OR INTENDING TO ENGAGE IN:
GROSS SALES OR RECEIPTS (RENEWAL) CAPITAL INVESTMENT FOR NEW BUSINESS:
o On manufacturer, assembler, repacker, processor, brewer, distiller, etc. P
o On wholesaler, distributor, or dealers.
o On exporter, and or manufacture, miller, producer, wholesaler, distributors, dealer or retailer of essential commodities.
o On retailer or dealer of cooking gas.
o On contractor and other independent contractor.
o On peddler.
o On banks and other financial institutions.
o On carinderia or food caterers.
o On rendering services.
o On hotels and motels.
o On real state lessor.
o On lodging house, boarding house.
o On clinics, hospitals and dental clinics.
o Other specify.

DATE BUSINESS BEGAN / WILL BEGIN OPERATION: MONTH: DATE: YEAR:
FORMER OWNER OF BUSINESS: ADDRESS:
MODE OF TRANSFER:

I hereby certify that the foregoing data and information are true and correct to the best of my knowledge and the same have been given voluntarily without fraudulent or deceitful purpose that I have been properly apprised o my duties, obligations and that I hereby swear that I will comply strictly with the provisions of the aforesaid tax ordinance, the rules and regulations prescribed pursuant thereto and other related laws.

Very truly yours,
(Signature of Applicant)

SUBSCRIBED AND SWORN TO BEFORE ME
THIS DAY OF 200
AT SAN NICOLAS, ILOCOS NORTE, PHILIPPINES

TIN:
Community Tax No.:
Issued at:
Issued on:
Amount Paid:

DR. ALFREDO P. VALDEZ, JR.
(Officer Administering Oath)

Republic of the Philippines
PROVINCE OF ILOCOS NORTE
MUNICIPALITY OF SAN NICOLAS
Office of the Municipal Treasurer
1st Endorsement

Respectfully forwarded to the Honorable Mayor of San Nicolas, Ilocos Norte, Philippines recommending for approval of the foregoing application.

HENRY U. ULEP
ICO-Municipal Treasurer