



**REPUBLIC OF THE PHILIPPINES**  
**City Government of Pasig**  
**Business Permit and License Office**



**BUSINESS RENEWAL FORM**

*Instruction: Please accomplish this form completely and legibly.*

for Renewal  for Retirement

Date of Application		Business ID Number	
Name of Taxpayer			BSP Reg. No.
Business / Trade Name			Head Office <input type="checkbox"/>
			Branch <input type="checkbox"/>
Address			Weights & Measure <input type="text"/> units
Telephone No.		Email Address	

Pursuant to the provision of Pasig Revenue Code, pertinent to the declaration of the gross receipts/sales for the payment of taxes and fees for the r/taxable year  hereby submit the following gross receipts/sales.

LINE OF BUSINESS	GROSS RECEIPTS

**PREVIOUS YEAR'S GROSS RECEIPTS**

<b>Requirements</b>	<input type="checkbox"/> Latest Tax Order of Payment	<input type="checkbox"/> Certificate of Conformance	
	<input type="checkbox"/> Latest VAT or Percentage Tax returns	<input type="checkbox"/> Latest Audited Financial Statements	
	<input type="checkbox"/> Fire Safety Inspection Certificate (FSIC)	<input type="checkbox"/> Others: SEE CHECKLIST	
<b>Mode of Payment</b>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
<b>Steps</b>	BPLO → CASHIER → BPLO		

I affirm that the information listed above are true and correct. I also undertake to allow any duly authorized inspectors from various offices or departments of the City Government of Pasig as well as of the National Government agencies, to conduct lawful inspection and verification inside the business premises during office hours. Violation of the foregoing condition shall mean suspension or revocation of Business Permit. Any misdeclaration on the above information would mean suspension or revocation of Business Permit.

\_\_\_\_\_  
**Signature Over Printed Name of Applicant/Representative** \_\_\_\_\_  
**Position / Title**

**Note: If representative, kindly attach Authorization Letter and ID**

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at City of Pasig, affiant exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ issued at Pasig City.

DOC. Number \_\_\_\_\_  
 PAGE. Number \_\_\_\_\_  
 BOOK Number \_\_\_\_\_  
 Series of 20 \_\_\_\_\_

<b>Recommending Approval:</b>  _____ <b>Officer-in-Charge, BPLO</b>	<b>Schedule of Payments:</b> Jan 2 - 20 First Quarter Apr 1 - 20 Second Quarter July 1 - 20 Third Quarter Oct 1 - 20 Fourth Quarter	<b>Approved by:</b>  _____ <b>City Mayor</b>
WHITE - BPLO YELLOW -TREASURY BLUE - TAXPAYER	VISIT US AT: <a href="http://www.pasigcity.gov.ph" style="color: white;">www.pasigcity.gov.ph</a>	AF 2020-DF Control Number