



REPUBLIC OF THE PHILIPPINES  
CITY OF TAGUIG

**BUSINESS PERMITS AND LICENSING OFFICE**

2nd Floor Taguig City Hall, Gen. Luna St., Tuktukan, City of Taguig 1637  
9th Floor Taguig City Hall Satellite Office, SM Aura Tower, 26th Street cor. McKinley Parkway,  
Bonifacio Global City, Fort Bonifacio, City of Taguig 1634



Enter required information in CAPITAL LETTERS. Mark all appropriate boxes with an "X"

DATE

**UNIFIED BUSINESS PERMIT APPLICATION FORM**

(version January 2026)

<input type="checkbox"/> NEW	<input type="checkbox"/> AMENDMENT	<b>Mode of Payment:</b>	<b>Delivery Options:</b>
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Change Address	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Courier
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Change Area	<input type="checkbox"/> BI-ANNUAL	<b>Payment Options:</b>
	<input type="checkbox"/> Change Name	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Card <input type="checkbox"/> eWallet
	<input type="checkbox"/> Additional Line of Business		
	<input type="checkbox"/> Others (please specify) _____		

**BUSINESS INFORMATION AND REGISTRATION**

<b>License Control Number (LCN)</b>	Please choose one:		
	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> ONE PERSON CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COOPERATIVE
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> CORPORATION
<b>DTI TRN or BNN/SEC or CDA Registration Number</b>	<b>Date Issued (mm/dd/yyyy)</b>	<b>Tax Identification Number (TIN)</b>	
<b>Taxpayer's Name</b>	SURNAME	FIRST NAME	MIDDLE NAME SUFFIX
<b>Corporate Name/ Business Name</b>	<b>Trade Name/Franchise (if applicable)</b>		
<b>Office Address (in Taguig)</b>	UNIT NO.	HOUSE/FLOOR NO.	NAME OF BUILDING
	STREET	BARANGAY	CITY ZIP CODE
<b>Business Area (Total Floor Area in sq.m.)</b>	<b>Property owned?</b>	<b>If Yes, PIN or TD Number</b>	<b>If No, term of lease (mm/dd/yyyy)</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Start End
<b>Number of employees in establishment</b>	Male Female	Male Female	Number of Delivery Vehicles Van/Truck Motorcycle Other

**BUSINESS CONTACTS**

<b>AUTHORIZED REPRESENTATIVE</b>	Surname	First Name	Middle Initial	Suffix
Position	Telephone Number	Mobile Number	Email Address	
<b>DESIGNATED SAFETY OFFICER</b>	Surname	First Name	Middle Initial	Suffix
Position	Telephone Number	Mobile Number	Email Address	

**BUSINESS ACTIVITY**

<b>Office Classification</b> <i>Check applicable classification.</i>	<input type="checkbox"/> Main/Principal/Head Office <input type="checkbox"/> Branch	<input type="checkbox"/> Administrative Office <input type="checkbox"/> Sales Office <input type="checkbox"/> Showroom <input type="checkbox"/> Virtual Office <input type="checkbox"/> Warehouse		
<b>Do you have tax incentives from any government entity?</b>	<p>If Yes (Please select applicable tax incentive/s and attach a copy of your certificate)</p> <p><input type="checkbox"/> BOI <input type="checkbox"/> PEZA</p> <p>If BOI, select one: <input type="checkbox"/> Pioneer <input type="checkbox"/> Non-pioneer</p> <p>Registration Date (mm/dd/yyyy): _____</p> <p>Registration Number: _____</p> <p>If PEZA, select applicable incentive/s:</p> <p><input type="checkbox"/> Income Tax Holiday (ITH) Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____</p> <p><input type="checkbox"/> 5% Special Corporate Income Tax (SCIT) Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____</p> <p><input type="checkbox"/> Others (please specify): _____</p> <p><input type="checkbox"/> Regional Operating Headquarters (ROHQ)</p> <p><input type="checkbox"/> Regional or Area Headquarters (RHQ)</p> <p><input type="checkbox"/> Representative Office</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Inventor</p> <p><input type="checkbox"/> Non-stock non-profit: Educational, Charitable, or Religious</p>			
<b>LINE OF BUSINESS</b>	<b>NATURE OF BUSINESS</b>	<b>PHILIPPINE STANDARD INDUSTRIAL CLASSIFICATION (PSIC) CODE (If Applicable)</b>	<b>NO. OF UNITS</b>	<b>CAPITALIZATION (for new business or additional line of business) or GROSS SALES/RECEIPTS FROM PRECEDING CALENDAR YEAR (for renewal or transferee)</b>

*This is an optional section. Use this space to provide additional information about your business:*

(Please attach additional Unified Application Form/s if necessary)

**Other Business Activity (Please choose all applicable options)**

Designated Smoking and Vaping Area (in sq.m.) \_\_\_\_\_

Retail Cigarette  License to Serve Liquor until 10:00pm  Qualification Fee

Retail Softdrinks  License to Serve Liquor until 2:00am  Accreditation Fee

License to Sell Liquor

Retailer  Wholesaler

I DECLARE AND AFFIRM that all information in the application are true and correct based on my personal knowledge and authentic records submitted to the City of Taguig. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit. I hereby agree that all personal data (as defined under the Data Privacy Law of 2012 and its implementing Rules and Regulations) and account transaction information or records with the City of Taguig may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

I further undertake to allow a duly authorized inspector of the City to conduct ocular inspections of my establishment to ensure faithful compliance to any regulatory measures and post inspection requirements. Violation or non-compliance will result in the closure or if warranted, the revocation of the business permit of the establishment without need of an Executive Order.

Signature of the Proprietor/Representative over printed name

Designation and Date