



Republic of the Philippines
Province of Aklan
MUNICIPALITY OF MALAY

The Premier Tourist Destination

APPLICATION FOR BUSINESS PERMIT AND LICENSE

Tax Year _____

<input type="checkbox"/> New	Business Plate No. (for renewal): <input type="text"/>	Amendment:	Mode of Payment:		
<input type="checkbox"/> Renewal				<input type="checkbox"/> From Single to Partnership	<input type="checkbox"/> Annually
<input type="checkbox"/> Additional				<input type="checkbox"/> From Single to Corporation	<input type="checkbox"/> Bi-Annually
Transfer:		<input type="checkbox"/> From Partnership to Single	<input type="checkbox"/> Quarterly		
<input type="checkbox"/> Ownership	<input type="checkbox"/> Unit	<input type="checkbox"/> From Partnership to Corporation			
<input type="checkbox"/> Location		<input type="checkbox"/> From Corporation To Single			
		<input type="checkbox"/> From Corporation To Partnership			

Date of Application: _____ DTI/SEC/CDA Registration No.: _____

Reference No.: _____ DTI/SEC/CDA Date of Registration: _____

Type of Organization: Single Partnership Corporation CTC NO.: _____ TIN NO: _____

Are you enjoying tax incentive from any Government Entity? () yes () no Please Specify the entity: _____

Name of Taxpayer: _____ Sex. Male Female

Last Name: _____ First Name: _____ Middle Name: _____

Business Name: _____

Trade Name/Franchise: _____

Name of President/Treasurer of Corporation: _____

Last Name: _____ First Name: _____ Middle Name: _____

Business Address		Owner's Address	
House No./Bldg. No.:		House No./Bldg. No.:	
Building Name:		Building Name:	
Unit No.:		Unit No.:	
Street:		Street:	
Barangay:		Barangay:	
Subdivision:		Subdivision:	
City/Municipality:		City/Municipality:	
Province:		Province:	
Tel. No.:		Tel. No.:	
Email Address:		Email Address:	

House No./Bldg. No.:

Building Name:

Unit No.:

Street:

Barangay:

Subdivision:

City/Municipality:

Province:

Tel. No.:

Email Address:

Property Index Number (PIN): _____

Business Area (in sq m):	No. of Rooms for Hotel, Resorts, Cottages, etc.:	Total No. of Employees in Establishment:	M	
			F	

ENUMERATE OTHER AMENITIES (for hotels and resorts, enumerate other amenities such as swimming pools, KTV room, etc.).

1 . _____	5 . _____
2 . _____	6 . _____
3 . _____	7 . _____
4 . _____	8 . _____

If Place of Business is Rented, please identify the following: **Lessor's Name** **Monthly Rental:**

Last Name: _____ First Name: _____ Middle Name: _____

Lessor's Address:

House No./Bldg. No.: _____ Subdivision: _____

Street: _____ City/Municipality: _____

Barangay: _____ Province: _____

Tel. No.: _____ Email Address: _____