



CONCESSION APPLICATION FORM (RENEWAL)

Date: _____

AIRPORT: _____

BUSINESS NAME: _____

TYPE OF CONCESSION: _____

OFFICIAL ADDRESS: _____

EMAIL ADDRESS: _____ **CONTACT NO./S:** _____

To be filled by CAAP Personnel:

ACCOUNT NUMBER: _____

LEASE TERM FROM: _____

TO: _____

RENEWAL CHECKLIST:

Requirements to be handled by the concessionaire, and for checking of the ACIC/BDD Staff.

- 1. Letter of Intent
- 2. Latest Affidavit of No Pending Case
- 3. Latest Affidavit of No Relationship
- 4. Latest Mayor's Business Permit/ DTI Certificate
- 5. Latest BIR Certificate of Registration
- 6. LTFRB Franchise (If applicable)
- 7. DOT Certificate (If applicable)
- 8. Latest Sanitary Permit (If applicable)
- 9. Valid Government Issued ID of Authorized Representative/Signatory
- 10. Special Power of Attorney (If applicable)
- 11. Secretary's Certificate (If applicable)
- 12. Proof of Payment (Notary Fee)
- 13. Others: _____

Note:

- a. Applications with incomplete requirements will not be accepted.
- b. All documentary requirements should be certified true copies if the original copy of the documents cannot be submitted.
- c. Accreditation issued may be invalidated at anytime for justifiable and legal reasons.

<p>Submitted by:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature above Full Name/Position</p>	<p>Received by:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature above Full Name/Date</p>
<p>1. Accounting/Finance</p> <ul style="list-style-type: none"> o No Outstanding Balance As of: _____ o With Outstanding Balance: _____ As of: _____ Remarks: _____ <p style="text-align: center;">_____</p> <p style="text-align: center;">Office Head, Accounting/Finance/Date</p>	<p>2. CAAP Security and Intelligence Service</p> <ul style="list-style-type: none"> o Cleared o Not Cleared Violation: _____ Remarks: _____ <p style="text-align: center;">_____</p> <p style="text-align: center;">Office Head, CSIS/Date</p>



CONCESSION APPLICATION FORM (NEW)

<p>3. Concession/Business Development Division</p> <ul style="list-style-type: none"> ○ No Violation ○ With Violation <p>Violation: _____ Remarks: _____</p> <p>_____</p> <p style="text-align: center;">ACIC/BDD Staff/Date</p>	<p>4. Airport Manager/BDD Division Chief Recommendation</p> <ul style="list-style-type: none"> ○ Recommended for Renewal (<i>For drafting of Agreement</i>) ○ Not Recommended for Renewal <p>Remarks: _____</p> <p>_____</p> <p style="text-align: center;">Airport Manager/OIC, BDD/Date</p>
<p>5. Draft Agreement Received by:</p> <p>_____</p> <p style="text-align: center;">Authorized Representative/Date</p>	<p>6. Signed Agreement with Documentary Stamp Tax Received by:</p> <p>_____</p> <p style="text-align: center;">ACIC/BDD Staff/Date</p>
<p>For Agreement from Airport/Area Center</p> <p>7. Endorsement to:</p> <ul style="list-style-type: none"> ○ Airport Date Endorsed to Area Center: _____ ○ Area Center Date Endorsed to BDD: _____ <p>_____</p> <p style="text-align: center;">Area Manager/Date</p>	<p>For All Agreements</p> <p>8. Business Development Division</p> <ul style="list-style-type: none"> ○ Complete Date Complied: _____ ○ Incomplete (<i>Request additional document</i>): Date Requested: _____ Requested document/s: _____ ○ With Revisions (Issue Letter of Revision) Date Issued: _____ Date Returned: _____ <p>_____</p> <p style="text-align: center;">BDD Staff/Date</p>
<p>9. Division Chief</p> <ul style="list-style-type: none"> ○ With Revisions (Back to Step 8) ○ Without Revisions (Proceed to Step 10) ○ Others: _____ _____ <p>_____</p> <p style="text-align: center;">OIC, BDD/Date</p>	<p>10. Corporate Planning Office/Office of the Director General</p> <p>Date Endorsed to CPO: _____ Date Returned from CPO: _____ Date Endorsed to ODG: _____ Date Returned from ODG: _____</p>
<p>11. Notary</p> <ul style="list-style-type: none"> ○ By Concessionaire Date Released: _____ Date Received: _____ ○ 3rd Party Notary Public Date Released: _____ Date Received: _____ 	<p>12. Mailing</p> <ul style="list-style-type: none"> ○ Concessionaire Date Mailed: _____ Date Received: _____ ○ Area Center/Airport Date Mailed: _____ Date Received: _____ ○ Commission on Audit Date Mailed: _____ Date Received: _____ ○ Accounting Division Date Mailed: _____ Date Received: _____

Remarks: _____
