Control No. _____

OFFICE OF THE CITY ADMINISTRATOR
Makati City

SPECIAL PERMIT APPLICATION
Form 109 (Product Promotion)

I. The Applicant

Applicant's Name B Cube Ventures Incorporated	
Applicant's Address Unit 206, No. 1 Pinaglabanan St., San Juan, Philippines	Telephone No. 09171582274 Fax No. Email Address hello@bash.com.ph
Applicant's Authorized Representative Lorraine Go	Telephone No. Cell phone No. 09177037974

II. The Activity

Event Name The Bash Grocer	
Type of Event ☐ Product Launching ☐ Product Leafleting ☐ Product Sampling ✓ Promotional Sale ☐ House to House ☐ Other Similar Activity Description of Event _____	
Duration of Event 9AM to 8PM	Inclusive Dates From __June 12, 2025__ to __June 15, 2025___

III. Attachments (Don't fill this part)

1.Request letter addressed to the City Administrator	☐ Yes ☐ N/A
2. Form 109	☐ Yes ☐ N/A
3. Notarized Deed of Undertaking	☐ Yes ☐ N/A
4.Notarized Secretary's Certificate (Company, Corporation, SEC Registered Organization) or Special Power of Attorney (Individual)	☐ Yes ☐ N/A
5. DTI and Business Permit (Individual)	☐ Yes ☐ N/A
6.Permit/Clearance from venue/barangay	☐ Yes ☐ N/A
7. MACEA Permit if venue is within the Commercial Business District (CBD)	☐ Yes ☐ N/A

CERTIFICATION
I hereby certify that all information provided above is true and correct.

Print Name:	Signature:	Date:
