

APPLICATION FOR BUSINESS RETIREMENT OR CLOSURE

LICENSE NUMBER (PLATE NUMBER):							
BUSINESS PERMIT NUMBER:							
BUSINESS NAME (TRADE NAME):							
BUSINESS OWNER/PROPRIETOR:							
NATURE OF BUSINESS:							
BUSINESS ADDRESS:							
CONTACT NUMBER:							
TYPE OF BUSINESS ORGANIZATION:	Single Proprietorship Corporation						
	Partnership Other (Please Specify)						
Reason for business retirement:							
Business No longer in operation; Date of Closure							
Move to new location (outside the mur	nicipality)						
Change ownership							
New Owner;							
Address:							
Others (Please Specify)							
SIGNATURE OVER PRINTED NAME Business Owner-Applicant							
Verified by:	Recommending Approval:						
KATHLENE A. ANDRADE Administrative Aide I	LORELIE S. NAVORA Data Controller III						

Approved:

CAROLYN C. SY- REYES

Municipal Mayor

PS-OMM-BPLO-BRCAF-01-01

Document Code:
PS-OMM-BPLO-RSF1-01-01
Effective Date:



Local Government Unit of Pilar FFICE OF THE LOCAL ECENOMIC DEVELOPMENT & INVESTMENT PROMOTION/ **OFFICE OF THE BUSINESS PERMIT & LICENSING**

REQUEST SLIP

Ne		Date:					
 () Application for Business Permit (New/ Renew () Certification	cellation Ownership () Business Entity (
Signature over Printed Name:							
Contact Number:							
ACTION TAKEN: (To be filled out by the personnel) () Approved () Returned () Others please specify:							
Received by:	Date:	Time:					
Released by:	Date:	Time:					

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Name: _

REQUIREMENTS FOR BUSINESS RETIREMENT/ CLOSURE

Date: _									
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- Duly Accomplished Application Form (2 copies)
- **Duly Accomplished Request Form**
- Barangay Certification of Closure (Original & Photocopy)
- Copy of current Business Permit (Original)
- Affidavit of Closure (Duly Notarized) (Original &
- Basis for computing unpaid taxes (ITR received by BIR/ Audited FS, declaration of gross receipt, etc.) (Photocopy)
- Official Receipt for unpaid taxes (Original & Photocopy)
- Authorization Letter and Valid ID (for owner & representative) (Original)

Checked by:

KATHLENE A. ANDRADE