



Republic of the Philippines  
Province of Bukidnon  
City of Valencia

Office of the City Administrator

**BUSINESS PERMITS AND LICENSING DIVISION (BPLD)**

1<sup>st</sup> Flr., Multi-purpose Building, City Hall Compound, A. Catarata St., Poblacion , Valencia City, Buk., Tel No: 828-4244, Email address: [licensing@cityofvalencia.gov.ph](mailto:licensing@cityofvalencia.gov.ph)

**APPLICATION FOR BUSINESS CANCELLATION/RETIREMENT**

Control No. \_\_\_\_\_

Date of Application: \_\_\_\_\_

Sir/Ma'am:

Pursuant to the provisions of the City's Revenue Code and other related Ordinances, I am applying for the retirement of my business with the following details:

BUSINESS TRADE NAME			PERMIT NO.	
BUSINESS ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(STREET NAME)	(BARANGAY)	
(CITY/MUNICIPALITY)		(PROVINCE)		
NAME OF TAXPAYER	SURNAME	FIRST NAME	M.I.	TELEPHONE NO. /MOBILE NO.
RESIDENTIAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(STREET NAME)	(BARANGAY)	E-MAIL ADDRESS
(CITY/MUNICIPALITY)		(PROVINCE)		

LINE/NATURE OF BUSINESS	GROSS SALES/ RECEIPTS	
	PRECEDING YEAR/S	CURRENT YEAR

**IMPORTANT NOTE:**

The mere filing of this application does not automatically relieve the applicant from any tax liability and/or other fee/s.  
In order to facilitate the processing of business retirement, the Applicant-Taxpayer shall submit to this Office pertinent documents as required by the City's Ordinances.

Very truly yours,

\_\_\_\_\_  
SIGNATURE OF APPLICANT OVER PRINTED NAME

**\*TO BE FILLED UP BY THE BPLD PERSONNEL**

**SUBMITTED DOCUMENTS:**

- 1. Application Form for Business Cancellation/Retirement (pls. get the Form at BPLD)
- 2. Recent or latest Business Permit Card and Plate
- 3. Notarized Sworn Statement of Gross Sales/Receipts for the current year or immediately preceding the period of terminating the business operation
- 4. Notarized Sworn Statement of Terminating Business
- For Authorized Representative, Authorization Letter with photocopy of Taxpayer's ID or Special Power of Attorney (Single Proprietorship ; Board's Resolution/Secretary's Certificate (Corporation/Cooperative)

Other requirements as required by law

\*BPLD reserves the right to ask for additional documents in accordance with law.

**\*TO BE FILLED UP BY THE BPLD PERSONNEL**

**DETAILS OF FILING**

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  
Payment Date: \_\_\_\_\_  
Official Receipt No.: \_\_\_\_\_

\_\_\_\_\_  
**GRACE A. DAPANAS**  
Head, BPLD