



Republic of the Philippines
Province of Bukidnon
City of Valencia

Office of the City Administrator

BUSINESS PERMITS AND LICENSING DIVISION (BPLD)

1st Flr., Multi-purpose Building, City Hall Compound, A. Catarata St., Poblacion , Valencia City, Buk., Tel No: 828-4244, Email address: licensing@cityofvalencia.gov.ph

REQUEST FORM FOR CHANGE OF BUSINESS ADDRESS

Control No. _____

Date of Request: _____

| | | | |
|---------------------|---------|------------|------------|
| NAME OF TAXPAYER | SURNAME | FIRST NAME | M.I. |
| BUSINESS TRADE NAME | | | PERMIT NO. |

| | | | |
|--------------------------|----------------------------------|---------------|------------|
| CURRENT BUSINESS ADDRESS | (RM./FLR./UNIT NO. & BLDG. NAME) | (STREET NAME) | (BARANGAY) |
| (CITY/MUNICIPALITY) | | (PROVINCE) | |

NEW BUSINESS ADDRESS

| | | | |
|--------------------------------------|-------------------------|----------------|------------------------|
| (RM./FLR./UNIT NO. & BLDG. NAME) | (STREET NAME) | (BARANGAY) | |
| (CITY/MUNICIPALITY) | | (PROVINCE) | |
| TELEPHONE NUMBER (AREA CODE+TEL.NO.) | MOBILE/CELLPHONE NUMBER | E-MAIL ADDRESS | WEBSITE (FOR EMPLOYER) |

IMPORTANT NOTE:

The mere filing of this request does not automatically relieve the applicant from any tax liability and/or fee/s.
In order to facilitate the processing of this request, the Applicant-Taxpayer shall submit pertinent documents that would support the new business location/address.

Very truly yours,

SIGNATURE OF TAXPAYER OVER PRINTED NAME

**TO BE FILLED UP BY THE BPLD PERSONNEL*

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SUBMITTED DOCUMENTS:

- 1. Request Form for Business Cancellation/Retirement (pls. get the Form at BPLD)
- 2. Affidavit of Change of Business address/location
- 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.*

DETAILS OF FILING

Received by: _____
Date Received: _____
Remarks: _____

Amount Paid: _____
Payment Date: _____
Official Receipt No.: _____

GRACE A. DAPANAS
Head, BPLD