



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

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.
RESIDENTIAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (STREET NAME) (BARANGAY)			TELEPHONE NO. /MOBILE NO.
(CITY/MUNICIPALITY)			E-MAIL ADDRESS
(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
LO IV/ Head, BPLD