



Republic of the Philippines
Province of Bukidnon
City of Valencia

Office of the City Administrator

BUSINESS PERMITS AND LICENSING DIVISION (BPLD)

1stFlr., 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 Change of Business Address (pls. get the Form at BPLD)
- 2. Affidavit of Change of Business address/location
- 3. Recent or latest Business Permit Card
- 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

**BPLO 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
LO IV/ Head, BPLD