



**REPUBLIC OF THE PHILIPPINES  
CITY OF MUNTINLUPA**  
**BUSINESS PERMITS AND LICENSING OFFICE**  
Telephone Nos. 862-BPLO (2756)/ 861-6527/ 862-2525 local 188  
Website: www.muntinlupacity.gov.ph



**APPLICATION FOR BUSINESS RETIREMENT**

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

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

Dear Sir/Madam:

Pursuant to the provision of the Revenue Code of Muntinlupa, I am herewith applying for the retirement of the following business:

BUSINESS TRADE NAME				
BUSINESS ACCOUNT NO.			PERMIT NO.	
BUSINESS ADDRESS			BARANGAY	
NAME OF TAXPAYER	SURNAME	FIRST NAME	M.I.	TELEPHONE NO./ MOBILE NO.
ADDRESS OF TAXPAYER			E-MAIL ADDRESS	

LINE OF BUSINESS	GROSS SALES/ RECEIPTS	
	PRECEDING YEAR	CURRENT YEAR

Submitted herewith for cancellation together with the above Business License and Mayor's Permit are the following Official Receipt/s covering payment/s of business taxes and fees for the current year.

O.R. NO.	DATE	AMOUNT PAID (IN PHP)

**IMPORTANT NOTE:**  
The mere filing of this application does not automatically relieve the applicant from any tax liability. In order to facilitate the processing of business retirement, he/she shall submit to this Office pertinent documents relative thereto. This is pursuant to Section 15(g) Par. 1 of the Revenue Code of Muntinlupa.

Very truly yours,

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

\_\_\_\_\_  
POSITION/TITLE

**REQUIREMENTS/ DOCUMENTS SUBMITTED**

- 1. Notarized Application Form
- 2. Affidavit of Closure (for Single Proprietor) or Board Resolution Authorizing Closure (for Corporation)
- 3. Original Mayor's Permit Certificate
- 4. Original Billing Assessment and Quarterly Payment/s
- 5. Certification of Gross Sales (Notarized)
- 6. Audited Financial Statement
- 7. BIR Payments/ VAT Returns(Monthly/Quarterly/Annual)
- 8. Certification of Closure (From Lessor/Mall/Building Admin.)
- 9. Other Requirements Depending on the nature of business

\_\_\_\_\_  
\_\_\_\_\_  
*\*BPLO reserves the right to ask for additional documents whenever necessary.*

**DETAILS OF FILING**

**Received by:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Follow-up Date:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**APPROVED FOR RETIREMENT:**

**ALLAN A. CACHUELA**  
OIC, Business Permits and Licensing Office

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ AT THE CITY/MUNICIPALITY OF \_\_\_\_\_, AFFIANT HAVING EXHIBITED TO ME HIS/HER COMPETENT EVIDENCE OF IDENTITY NO. \_\_\_\_\_ ISSUED BY \_\_\_\_\_ ON \_\_\_\_\_.

DOC. NO. \_\_\_\_\_  
PAGE NO.: \_\_\_\_\_  
BOOK NO.: \_\_\_\_\_  
SERIES OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC