



REPUBLIC OF THE PHILIPPINES
CITY OF MUNTINLUPA

BUSINESS PERMITS AND LICENSING OFFICE
Telephone Nos. 8862-BPLO (2756) | 8861-6527 | 8862-2525 local 188
Website: www.muntinlupacity.gov.ph | Facebook Page: BPLO Muntinlupa



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 | |
| NUMBER OF EMPLOYEES | MALE | FEMALE | NUMBER OF EMPLOYEES RESIDING IN MUNTINLUPA | MALE | FEMALE |

| LINE OF BUSINESS | GROSS SALES/ RECEIPTS | | DATE OF CLOSURE: | REASON/S FOR RETIREMENT OF BUSINESS: (Check all that apply) |
|------------------|-----------------------|--------------|------------------|--|
| | PRECEDING YEAR | CURRENT YEAR | | |
| | | | | TRANSFER OF BUSINESS |
| | | | | CHANGE OF OWNERSHIP |
| | | | | LACK OF CAPITAL |
| | | | | LACK OF MANPOWER |
| | | | | BANKRUPTCY |
| | | | | PANDEMIC |
| | | | | OTHERS (Please specify): |
| | | | | |

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

REQUIREMENTS/ DOCUMENTS SUBMITTED

- 1. Notarized Application Form
- 2. Original Mayor's Permit Certificate (for cancellation)
- 3. Original Billing Assessment
- 4. Official Receipt/s (for cancellation)
- 5. Audited Financial Statement
- 6. BIR Payments/ VAT Returns (Monthly/Quarterly/Annual)
- 7. Certification of Closure (From Lessor/Mall/Building Admin.)
- 8. Other Requirements Depending on the nature of business

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

POSITION/TITLE

DETAILS OF FILING

Received by: _____
Date Received: _____
Follow-up Date: _____
Remarks: _____

APPROVED FOR RETIREMENT:

ENGR. 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 _____



ISO 9001:2008 CERTIFIED

CERT. CODE: QMS0708041506KA-001

NOTARY PUBLIC