



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

REQUIREMENTS/ DOCUMENTS SUBMITTED

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1. Notarized Application Form

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2. Original Mayor's Permit Certificate (for cancellation)

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3. Original Billing Assessment

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4. Official Receipt/s (for cancellation)

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5. Audited Financial Statement

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6. BIR Payments/ VAT Returns(Monthly/Quarterly/Annual)

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7. Certification of Closure (From Lessor/HOA/Mall/Building Admin.)

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8. Other Requirements Depending on the nature of business

- Board Resolution Authorizing Closure (for Corporation)
- Notarized Certificate of breakdown of gross sales per branch (if business is a branch)

\*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:

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 \_\_\_\_\_

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