REPUBLIC OF THE PHILIPPINES
PROVINCE OF PAMPANGA
MUNICIPALITY OF MAGALANG

BUSINESS PERMITS AND LICENSING OFFICE

APPLICATION FOR BUSINESS RETIREMENT

Established Date: _____ Date of Application: _____

Dear Sir/Madam:

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

BUSINESS TRADE NAME:	PERMIT NO:
BUSINESS ACCOUNT NUMBER:	TELEPHONE / PHONE NO.:
BUSINESS ADDRESS:	BARANGAY:
NAME OF TAXPAYER: SURNAME:	FIRST NAME: MIDDLE NAME:
ADDRESS OF TAXPAYER:	EMAIL 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 Magalang.

Very truly yours,

_____
Signature of Applicant over printed name

_____
Position / Title

REQUIREMENTS/ DOCUMENTS SUBMITTED:

- ✓ Barangay Business Closure
- ✓ Affidavit of Closure
- ✓ Letter of Intent
- ✓ Original Mayor's Permit Certificate
- _____ Certification of Gross Sales (NOTARIZED)
- _____ Audited Financial Statement
- _____ BIR Payments / V.A.T. Returns (Monthly/Quarterly/Annual)
- _____ Certification of Closure (From Lessor/Mall/Building Admin.)

DETAILS OF FILING:

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

APPROVED FOR RETIREMENT:

RYAN M. MIRANDA, EnP.
Business Permits and Licensing Officer

SUBSCRIBED AND SWORD TO BEFORE ME THIS _____ DAY OF _____, _____ AT THE CITY / MUNICIPALITY OF MAGALANG, AFFIANT HAVING EXHIBITED TO ME HIS/HER COMPETENT EVIDENCE OF IDENTITY NO. _____ ISSUED BY _____ ON _____ DOC NO. _____