

**Republic of the Philippines**

**CITY OF MARIKINA**

Business Permits & Licensing Office

**BUSINESS RETIREMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**Business Account No.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir/Ma’am:

Pursuant to the provisions of the Revenue Code of Marikina, I am herewith applying for the retirement of business located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marikina City.

**Name of Business or Trade Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Business**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Contact No.**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Gross Sales/Receipts** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(Preceding Year) (Current Year)

Submitted herewith are the following Official Receipts covering the payment taxes and fees during the current year.

|  |  |  |
| --- | --- | --- |
|  **Official Receipt No.** |  **Date** |  **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Note:** The mere filling of this application does not automatically relieve the applicant of any liability.

I further certify under oath that the facts stated above are true and correct.

 Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant

 (Signature over Printed Name)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ affiant exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| **Doc. No** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Authorized to Administer Oath |
| **Page No.** |  |
| **Book No.** |  |
| **Series No.** |  |

(Applicant should not fill below this line)

**REPORT OF INSPECTION**

 Still Operating Stopped Operation Reason for Retirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION:** License Inspector

 for Approvalfor Non Approval

 for Collection of Deficiency

 APPROVED:

 **RESURRECCION R. BADUA**

 *Acting Chief,* BPLO