



Republic of the Philippines  
Province of Pampanga

**CITY GOVERNMENT OF MABALACAT**  
**BUSINESS PERMITS AND LICENSING OFFICE**

Website : <http://www.mabalacatcity.gov.ph/>  
Tel. No's: 045-332-9110; 045-332-9114

**CLOSURE/RETIREMENT OF BUSINESS APPLICATION FORM**

NOTE: Please read instructions below before filling-up the application form.

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

**NAME OF TAX PAYER:**

Last Name	First Name	Middle Name
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**NAME OF BUSINESS:**

Trade Name/Franchise:	T.I.N. No.
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**NAME OF PRESIDENT/ TREASURER OF CORPORATION:**

Last Name	First Name	Middle Name
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**LOCATION/BUSINESS ADDRESS**

Lot & Blk. No./House No	Building Name	Unit No.	Street	Sitio	Subdivision
Barangay	City/Municipality	Province	Zip Code	Tel. No.	Email Address

**OWNER'S ADDRESS**

Lot & Blk. No. /House No.	Building Name	Unit No.	Street	Sitio	Barangay
Subdivision	City/Municipality	Province	Zip Code	Tel. No.	Email Address

**LAST PAYMENT**

Date Paid : \_\_\_\_\_  
Business TAX : \_\_\_\_\_  
Amount Paid : \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name/Signature

ASSESSMENT	
Gross Sales/Receipt	
Taxes Code	Amount Due
Business Tax	
Penalty	
Surcharge	
Others	
<b>TOTAL</b>	

Notes/Remarks/Sketch:

PAID UNDER TREASURER'S OFFICE	
O.R. N°	_____
Date Paid	_____
Countersigned on the Authority of O.R.	
C.T.O. Representative	

\_\_\_\_\_  
Assessed by:

\_\_\_\_\_  
Approval Recommended by:

**GENERAL INSTRUCTIONS IN ACCOMPLISHING AND SUBMITTING APPLICATION FORM AND REQUIREMENTS:**

- ✓ Provide accurate information and print legibly "UPPER CASE/CAPITAL LETTER" to avoid delays "DO NOT ABBREVIATE". Write "N/A" if not applicable. No erasure entry.
- ✓ Incomplete application form will be returned to the applicant. Sketch is required at the back of this form.
- ✓ Attached request Letter of Cessation/Closure with Gross Income Statement /Affidavit of Cessation/Closure.
- ✓ Return this Original Application Form to Business Permits & Licensing Office