

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

**HON. ROLEN C. PAULINO, JR.**

**City Mayor**

**Olongapo City**

**SUBJECT:** Retirement of Business

Dear Mayor,

Greetings!

I, \_\_\_\_\_, a single proprietorship business located at \_\_\_\_\_, under the registered business name \_\_\_\_\_, had ceased its operation last \_\_\_\_\_ due to \_\_\_\_\_ is respectfully requesting for **BUSINESS RETIREMENT / CLOSURE**.

Attached hereunder is a Certification from our Barangay dated \_\_\_\_\_ attesting the truthfulness of the foregoing instrument for your reference.

Thank you and God bless!

Very truly yours,

**Requirements:**

1. Letter of Retirement of Business
2. Barangay Business Closure
3. Declaration of Gross Sales
4. Income Tax Return / Audited Financial Statement / Proof of Sales
5. Vicinity Map and Picture
6. Special Power of Attorney if applicant is not the Owner

**Additional Requirement for Corporation**

1. Board Resolution for Business Closure / Secretary's Certificate

**Additional Requirement for Market**

1. Market Certification of Closure

**Additional Requirement for SM Tenant**

1. Certification of Cessation of Contract from SM

\_\_\_\_\_  
(Signature over Printed Name)



**Republic of the Philippines  
CITY OF OLONGAPO  
OFFICE OF THE CITY MAYOR  
BUSINESS PERMIT & LICENSING OFFICE**

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**DECLARATION OF GROSS SALES OR RECEIPTS (FOR RETIREMENT)**

<b>BIN:</b>	<b>DATE OF APPLICATION:</b>	
<b>Business Name:</b>		<b>TIN:</b>
Nature of Business: (Please select) <input type="checkbox"/> Manufacturer/Producer/Assembler/Processor <input type="checkbox"/> Hotel/Motel/Inn/Lodging/Dormitory <input type="checkbox"/> Real Estate Lessor/Sub-Lessor <input type="checkbox"/> Wholesaler/Distributor/Dealer <input type="checkbox"/> Restaurant/Caterer/Café/Cafeteria/Canteen/Carinderia <input type="checkbox"/> Private Educational Institution <input type="checkbox"/> Retailer/Trader <input type="checkbox"/> Day or Night Club/Music Lounge/Bar/Disco <input type="checkbox"/> E-Commerce/Internet Café/Computer Shop <input type="checkbox"/> Contractor/Service Provider <input type="checkbox"/> Resort/Spa/Sports Club/Recreation Center <input type="checkbox"/> Bank/Financial Institution/Pawnshop/Insurance <input type="checkbox"/> Real Estate Dealer/Developer <input type="checkbox"/> Others (Specify)		
<b>Business Address:</b>		<b>Contact No.:</b>
		<b>No. of Employees:</b>

SWORN DECLARATIONS (For all types of Business except Real Estate Lessor)						
Average Sales Per Day:				Operating Days Per Week:		
Item No.	Business Line	BIN	Period Covered	Gross Sales or Receipts	Tax Year Applied	Remarks
1						
2						
3						
4						
5						
(Attach additional sheets if necessary)			TOTAL			

SWORN DECLARATIONS (For Real Estate Lessors only)						
Item No.	Description of Real Estate Property	Tenant's Business Name (if applicable)	Name of Lessee or Tenant	Period Covered	Monthly Rent	Total Rent Income
1						
2						
3						
4						
5						
(Attach additional sheets if necessary)						
TOTAL						

I hereby declare under penalty of perjury that this declaration has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the Revenue Code of Olongapo City.

Name of Applicant	Position or Designation	Signature of Applicant

**Approved by:**

\_\_\_\_\_  
Head, Business Permit & Licensing Office