		Bus. Name	_	
		Address Date	_	
THE CITY TREASURER City of Naga				
Madam :				
		your office that I am filling a retirement		
		temporary closure change of ownership		
of my				
		for the following reason/s:		
		indicate to whom it would be transferred)		
account for the period f	rom	ross sales/receipts of my business according to my to to is		
	_ (P).		
		Very truly yours,		
		Owner/Proprietor/	Manager	
		usiness at the back of this form and attach mayor's permit rangay and other requirements that may be required.	, certification	
Bus. Tax Due: Less: Bus. Tax Paid: Bus. Tax Payable:	Ρ_	Verified by:		
O.R. No.: Date Paid:	P _ P _	GRACE M. MARCO Loc. Rev. Coll. Off. II		
INSPECTION REPORT	1			
Inspection conducted Position	by :	Date		
RECOMMENDATION:				
Recommended by:		Approved by:		
GREGORIA NINLDA I	3. ABON <i>A</i>	NELSON S. LEG	NELSON S. LEGACION	

City Mayor

City Treasurer