CITY OF SAN FERNANDO, PAMPANGA CITY ADMINISTRATOR'S OFFICE BUSINESS LICENSE AND PERMIT DIVISION

REQUEST FORM

NAME :				
CONTACT NUMBER:				
AUTHORIZED REPRESENTATIVE:				
BUSINESS CONTROL NUMBER (if app	olicable):			
TYPE OF REQUEST: Reprinting of Mayor's/Business Permit Reprinting of Business Retirement Certification Reprinting of Permit to Operate Reprinting of Order of Payment/ Assessment Slip Certification of No Business List of Registered Businesses (please provide email address) Feasibility Study (please provide email address) Other:				
REASON/PURPOSE:				
Requested by:	Received by:		Approved by:	
Signature over Printed Name/ Date	BLPD Personnel		Chief of Office	
For Reprinting of Certificat • Authorization Letter (photocopy) - if repre	or Secretary's Certificate esentative CITY OF SAN F CITY ADMIN BUSINESS LICEN		CE	
NAME :	•			
CONTACT NUMBER:				
AUTHORIZED REPRESENTATIVE:				
BUSINESS CONTROL NUMBER (if app				
TYPE OF REQUEST: Reprinting of Mayor's/Busines Reprinting of Business Retire Reprinting of Permit to Operating Reprinting of Order of Payment	ment Certification te	Feasibility Stud	No Business red Businesses (please provide email address) dy (please provide email address)	
REASON/PURPOSE:				
Requested by:	Received by:		Approved by:	
Signature over Printed Name/ Date	BLPD Personnel		Chief of Office	

Requirements: Please bring original copy for presentation only.

For Certification of No Business/ No Record:

- Certificate of No Business from Barangay (photocopy)

 Authorization Letter and ID of the owner and representative (photocopy) - if representative
 For Reprinting of Certifications, Permits & Order of Payment:
 Authorization Letter or Secretary's Certificate/Board Resolution and ID of the owner and representative (photocopy)