

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 applicable): \_\_\_\_\_

**TYPE OF REQUEST:**

- |  |   |
|--|---|
| <input type="checkbox"/> Reprinting of Mayor's/Business Permit           | <input type="checkbox"/> Certification of No Business                                 |
| <input type="checkbox"/> Reprinting of Business Retirement Certification | <input type="checkbox"/> List of Registered Businesses (please provide email address) |
| <input type="checkbox"/> Reprinting of Permit to Operate                 | <input type="checkbox"/> Feasibility Study (please provide email address)             |
| <input type="checkbox"/> Reprinting of Order of Payment/ Assessment Slip | <input type="checkbox"/> Other: _____   |

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) - if representative

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