



**REPUBLIC OF THE PHILIPPINES
MARIKINA CITY
BUSINESS PERMITS & LICENSING OFFICE**



**This form
is not for
sale**

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Business Account No.

Date: _____

AMENDMENT FORM

1. (NEW) BUSINESS TRADENAME/CORP.: _____
2. (NEW) NAME OF OWNER/ PRESIDENT/CORP.: _____
3. (NEW) BUSINESS ADDRESS: _____
4. (NEW) NATURE OF BUSINESS: _____
5. TEL. NO./CONTACT NO.: _____ BUSINESS AREA: _____ NO. OF EMPLOYEES: _____
6. EMAIL ADDRESS: _____

Applicant's Signature over Printed Name

REQUEST FOR:

- CHANGE OF OWNERSHIP
- CHANGE OF BUSINESS NAME/TRADENAME
- CHANGE OF BUSINESS ADDRESS/ LOCATION
- CHANGE OF NATURE OF BUSINESS _____
- ADDITIONAL NATURE OF BUSINESS _____
- OTHERS (Pls. Specify) _____

ZONING REMARKS: _____ VERIFIED BY: _____

(Applicant should not write below this line)

REQUIREMENTS:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Zoning Clearance
(2nd Floor, City Planning Office) <input type="checkbox"/> Waiver <input type="checkbox"/> DTI / SEC Registration <input type="checkbox"/> Certificate of Compliance
<input type="checkbox"/> Eng'g. <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> CEMO <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Photocopy of Lessor's Permit
and Contract of Lease <input type="checkbox"/> Picture of Business Establishment
3R showing permanent signboard
and sidewalk <input type="checkbox"/> Others

_____ | <ul style="list-style-type: none"> <input type="checkbox"/> Affidavit <ul style="list-style-type: none"> <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Trade Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change Nature of Business <input type="checkbox"/> Additional Nature of Business <input type="checkbox"/> Secretary Certificate <input type="checkbox"/> Agreement <input type="checkbox"/> Original Business Permit <input type="checkbox"/> Authorization Letter <input type="checkbox"/> Valid I.D.
(Owner Representative New Owner) |
|--|---|

Pls. check appropriate box for the particular requirement/s

INSPECTION REPORT

RECOMMENDATION:

Date Inspected _____

- APPROVED
- DISAPPROVED

Remarks: _____

License Inspector