



CITY GOVERNMENT OF IMUS  
Business Permits and Licensing Office



17381

CITY of Government of Imus  
Business Permits and Licensing Office  
**CERTIFIED COPY**  
MARY GRACE B. BASA  
Licensing Officer  
Signature over Printed Name  
8-20-2024  
Date

# MAYOR'S PERMIT

Pursuant to the pertinent provisions of the Local Revenue Code of the City of Imus and after payment of local taxes, regulatory fees and other charges, this PERMIT is hereby granted to

**NAME OF TAXPAYER:** RELIABLE BRAND MEDICAL BUSINESS (RBMB) OPC

**BUSINESS ADDRESS:** UNIT 301 3F ELJAY'S BUILDING AGUINALDO HIGHWAY ANABUIE IMUS CITY CAVITE

**BUSINESS NAME:** RELIABLE BRAND MEDICAL BUSINESS (RBMB) OPC

**NATURE OF BUSINESS (ES):** IMPORTER OF NON-ESSENTIAL COMMODITIES / RETAILER OF NON-ESSENTIAL COMMODITIES / SERVICES

**LINE OF BUSINESS (ES):** IMPORTER OF MEDICAL EQUIPMENTS AND SUPPLIES / RETAILER OF MEDICAL SUPPLIES AND EQUIPMENT / REPAIR AND MAINTENANCE OF MEDICAL MACHINERIES AND EQUIPMENTS / RENTAL OF MEDICAL MACHINERIES AND EQUIPMENTS

This permit is only a privilege and may be revoked anytime for violation of existing laws and/or ordinances.

**SUBJECT TO INSPECTION**

VALID FROM 2024-06-27 **ALEX L. ADVINCULA**  
UNTIL 2024-12-31 CITY MAYOR

(GOE SERIAL NUMBER) 2630788 (DATE OF PAYMENT) 2024-06-27

DOCUMENTARY STAMP TAX PAID (GOE SERIAL NUMBER) (DATE OF PAYMENT)

O.R. NO. **2630788**

DATE **2024-06-27**



NOTE: This permit must be displayed in a conspicuous place within the establishment. Any alteration and/or erasure will invalidate this permit.

# OFFICIAL RECEIPT



Republic of the Philippines  
 PROVINCE OF CAVITE  
 CITY OF IMUS



OFFICE OF THE CITY TREASURER

Accountable Form No. 51 Revised January, 1992	ORIGINAL
Date <b>AUG 20 2024</b>	<b>NO. CL 2672541</b> <del>2672541</del>

**RELIABLE BRAND MEDICAL BUSINESS (RBMB)**

Nature of Collection	Fund and Account Code	Amount
<b>CTXC of Permit &amp; License(s)</b>		<b>50.00</b>
<b>Documentary Stamp(1)</b>		<b>30.00</b>
		₱
<b>EIGHTY PESOS</b>		<b>PHP 80.00</b>
<b>TOTAL Cash : 80.00</b>		₱
<b>Check : ****</b>		
<b>Amount in Words : ****</b>		
<b>Change : ****</b>		
<b>ALVIN H TOPACIO</b>		

Printed By: NATIONAL PRINTING OFFICE

<input type="checkbox"/> Cash <input type="checkbox"/> Treasury Warrant <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order	Received the Amount Stated Above  <b>MANUEL REYNOLD W. DELA FUENTE</b> City Treasurer
Treasury Warrant _____ Check Number _____ Date of Treasury Warrant Check Money Order <b>2024 08 20 14:25:22/ Php 80.00</b>	By: _____ CITY TREASURER

NOTE: Write the number and date of this receipt on the back of treasury warrant, check or money order received.