



Republic of the Philippines
 Province of Negros Occidental
 City of San Carlos
OFFICE OF THE CITY MAYOR



BUSINESS PERMIT & LICENSING OFFICE
 Telefax No. (034) 312-6928

YEAR:

NEW BUSINESS

Date Applied: _____
 Business Plate No.: _____
 Contact No.: _____

Business Name: _____
 Business Address: _____
 Name of Applicant/Taxpayer: _____
 Organization Type: Single Proprietorship Partnership Corporation Cooperative
 Office Type: Main Branch Line of Business: _____
 Business SSS ID No. _____ BIR Tax Identification No.: _____

CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS FOR MAYOR'S PERMIT

POLICE CLEARANCE (REQUIREMENTS: Brgy. Clearance, Cedula, OR from Treasurer's Office, & Documentary Stamp)

Remarks: _____

 Chief of Police

HEALTH & SANITARY REQUIREMENTS

(P.D. 856 - Food Caterers / Handlers) (For Non Food - Health Card Only)

Remarks: _____

 City Health Officer

ZONING (PLANNING DEPT.)

Remarks: _____

 Zoning Administrator

BUILDING CODE (ENGINEERING DEPT.)

Remarks: _____

 Building Inspector

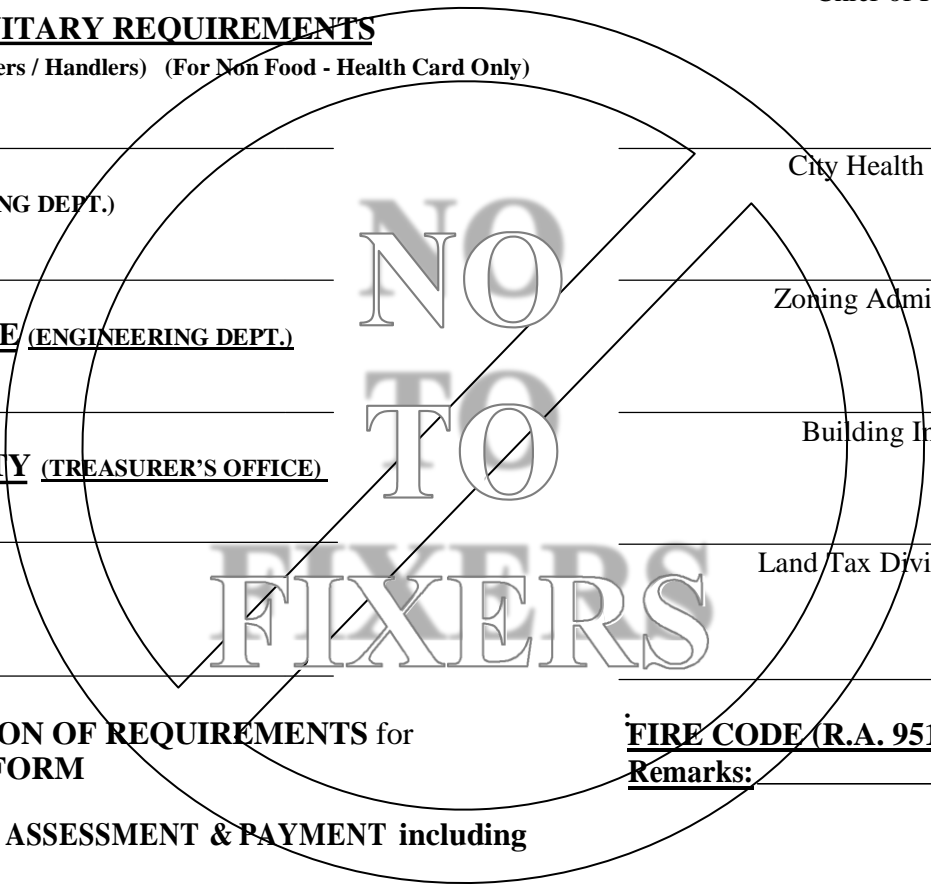
REAL PROPERTY (TREASURER'S OFFICE)

Remarks: _____

 Land Tax Division Chief

PESO

Remarks: _____



STEP 1 SUBMISSION OF REQUIREMENTS for
 UNIFIED FORM

FIRE CODE (R.A. 9514):
 Remarks: _____

STEP 2 ONE-TIME ASSESSMENT & PAYMENT including
 FSIC fees

STEP 3 Proceed to **BPLO** for issuance and releasing
 of Mayor's Permit

 City Fire Marshall

WARNING: This form is not for sale. ("Kini nga pormas dili baligya.")