



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

PEDICAB OPERATOR (1-4 UNITS)

YEAR: 2018

_____ Date

NEW RENEWAL

NO. OF UNITS: _____

Name of Applicant: _____ Contact No.: _____

Address: _____

CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS FOR MAYOR'S PERMIT

POLICE CLEARANCE

Chief of Police _____



PESO

HEALTH CARD

City Health Officer _____

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



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

PEDICAB OPERATOR (1-4 UNITS)

YEAR: 2018

_____ Date

NEW RENEWAL

NO. OF UNITS: _____

Name of Applicant: _____ Contact No.: _____

Address: _____

CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS FOR MAYOR'S PERMIT

POLICE CLEARANCE

Chief of Police _____



PESO

HEALTH CARD

City Health Officer _____

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