



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: 2016**

Date Applied: \_\_\_\_\_  
 Business Plate No.: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

**NEW**     **RENEWAL**

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Name of Applicant/Taxpayer: \_\_\_\_\_  
 Organization Type:     Single Proprietorship     Partnership     Corporation     Cooperative  
 Office Type:     Main     Branch    Line of Business: \_\_\_\_\_  
 Community Tax Certificate No. \_\_\_\_\_    Date & Place Issued: \_\_\_\_\_  
 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** (REQUIREMENTS: 1 x 1 I.D Picture)

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 (RA 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." )**

**NATIONAL AGENCIES:**

**BIR**

Remarks: \_\_\_\_\_

**SSS**

Remarks: \_\_\_\_\_

**PAG-IBIG**

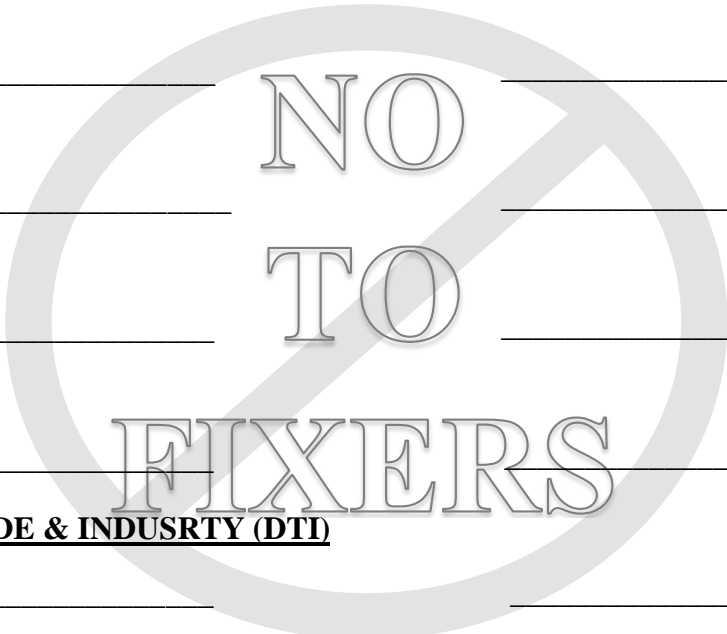
Remarks: \_\_\_\_\_

**PHILHEALTH**

Remarks: \_\_\_\_\_

**DEPARTMENT OF TRADE & INDUSRTY (DTI)**

Remarks: \_\_\_\_\_



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