



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: 2016**

\_\_\_\_\_ Date

NEW  RENEWAL

NO. OF UNITS: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

Community Tax Cert. No.: \_\_\_\_\_ Date & Place Issued: \_\_\_\_\_

**CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS FOR MAYOR'S PERMIT**

**POLICE CLEARANCE**

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

\_\_\_\_\_ Chief of Police

**HEALTH & SANITARY REQUIREMENTS**

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

\_\_\_\_\_ City Health Officer

**BUREAU OF FIRE PROTECTION**

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

**PESO**

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



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



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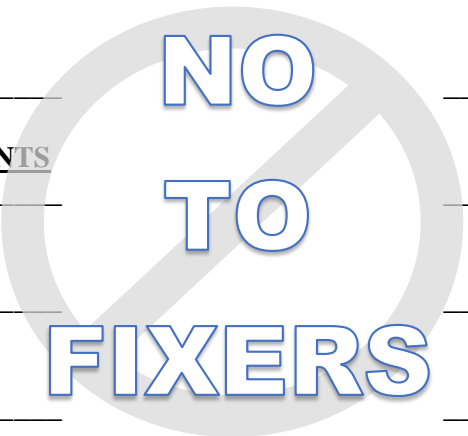
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