



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 Application/Taxpayer: \_\_\_\_\_  
 Organization Type:  Single Proprietorship  Partnership  Corporation  Cooperative  Association  
 Office Type:  Main  Branch Line of Business: \_\_\_\_\_  
 Place of Business:  Owned  Rented Lessor: \_\_\_\_\_ Capitalization: \_\_\_\_\_

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

### ZONING

(Planning Department)

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

\_\_\_\_\_  
 Zoning Administrator

DATE SIGNED:

### BUILDING CODE

(Engineering Department)

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

\_\_\_\_\_  
 Building Inspector

DATE SIGNED:

### POLICE CLEARANCE

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

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

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

DATE SIGNED:

### HEALTH & SANITARY REQUIREMENTS

( P.D. 865 – Food Caterers / Handlers) (For Non – Food – Health Card Only)

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

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

DATE SIGNED:

### REAL PROPERTY

(TREASURER'S OFFICE)

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

\_\_\_\_\_  
 Land Tax Division Chief

DATE SIGNED:

### PESO

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

DATE SIGNED:

### FIRE CODE (R.A. 9514):

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

\_\_\_\_\_  
 City Fire Marshall

DATE SIGNED:

- STEP 1** SUBMISSION OF REQUIREMENTS for UNIFIED FORM
- STEP 2** ONE-TIME ASSESSMENT & PAYMENT including FSIC fees
- STEP 3** Proceed to BPLO for issuance & releasing of Mayor's Permit

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