



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: _____

RENEWAL

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: _____
 No. of Employees: Male _____ Female _____ Annual Income: _____

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

DATE SIGNED: _____

HEALTH & SANITARY REQUIREMENTS

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

Remarks: _____

 City Health Officer

DATE SIGNED: _____

BUILDING CODE

(ENGINEERING DEPT.)

Remarks: _____

 Building Inspector

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)**