



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:

_____ 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

POLICE CLEARANCE

HEALTH CARD

PESO



_____ Chief of Police

_____ 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:

_____ 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

POLICE CLEARANCE

HEALTH CARD

PESO



_____ Chief of Police

_____ City Health Officer

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