



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: \_\_\_\_\_

**APPLICATION FOR MAYOR'S PERMIT**  
**PEDICAB OPERATOR(5 UNITS & ABOVE)**

\_\_\_\_\_ Date

NEW       RENEWAL

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

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

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

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

**HEALTH CARD**

CITY HEALTH OFFICER \_\_\_\_\_

**POLICE CLEARANCE**

CHIEF OF POLICE \_\_\_\_\_

**PARKING FEE**(PUBLIC MARKET)

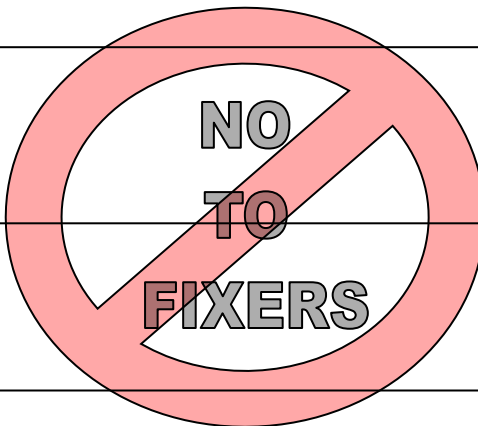
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**PESO**

\_\_\_\_\_

**BUREAU OF FIRE PROTECTION**

CITY FIRE MARSHALL \_\_\_\_\_



**CHECKED BY:**

\_\_\_\_\_

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