



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**  
**MOTORCAB OPERATOR**  
**RENEWAL**

Date

No. of Units: \_\_\_\_\_

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

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

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

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Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chassis No.: \_\_\_\_\_

Franchise SP Case No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

**HEALTH CARD**

CITY HEALTH OFFICER

**POLICE CLEARANCE**

CHIEF OF POLICE

**PARKING FEE** (Public Market)

**PESO**

**BUREAU OF FIRE PROTECTION**

CITY FIRE MARSHALL

**NO  
TO  
FIXERS**

**CHECKED BY:**

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