



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: _____

Contact No. : _____

Business Name : _____

Business Address : _____

Name of Owner/Taxpayer : _____

Organization Type : ☐ Single Proprietorship ☐ Partnership ☐ Corporation ☐ Cooperative ☐ Association ☐ Foundation

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

Remarks: _____

Chief of Police

Date Signed: _____

HEALTH & SANITARY REQUIREMENTS

(P.D. 856 - 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: _____

STEP 1 SUBMISSION OF REQUIREMENTS
for UNIFIED FORMS

FIRE CODE (R.A. 9514):

Remarks: _____

Date Signed: _____

STEP 2 ONE-TIME ASSESSMENT &
PAYMENT including FSIC fees

City Fire Marshall

STEP 3 Proceed to **BPLO** for issuance and
releasing of Mayor's Permit

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