



Republic of the Philippines
Province of Negros Occidental
City of San Carlos



OFFICE OF THE CITY MAYOR
BUSINESS PERMIT & LICENSING OFFICE

PEDICAB OPERATOR (5 UNITS & ABOVE)

YEAR: **2025**

Date

No. of Units: _____

Name of Applicant: _____

Address: _____

CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS FOR MAYOR'S PERMIT

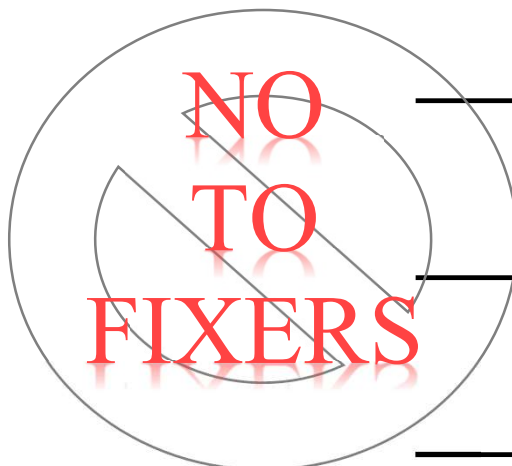
HEALTH CARD

City Health Officer

POLICE CLEARANCE

Chief of Police

PESO



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