

## 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:	RENEWAL	Date Applied: BIN:	
		Contact No.:	
Business Name :			
Business Address:			
Line of Business:		Business Plate:	
Remarks:			
<u>CERTIFICATIO</u>	ON AS TO COMPLIANCE OF REQUIREM	MENTS FOR MAYOR'S P	ERMIT
OLICE CERTIFICATI	[ON] (Requirements: Brgy. Clearance, Cedula, OR fro	om Treasurer's Office & Document	ary Stamp)
emarks:			Date Signed:
		Chief of Police	<b></b>
IEALTH & SANITAF	RY REQUIREMENTS		
	andlers) (For Non-Food Health Card Only)		
emarks:			Date Signed:
		City Health Officer	
BUILDING CODE (1	Engineering Department		
emarks:			Date Signed:
		Building Inspector	
REAL PROPERTY (	Treasurer's Office)		
Remarks:			Date Signed:
temarks.		Land Tax Division Chief	•
) PESO			
PESO \			Date Signed:
emarks:			Date Signed.
SUBMISSION OF	REQUIREMENTS		
TEP 1 for UNIFIED FOR		TRE CODE (R.A. 9514):	-
	R	emarks:	Date Signed:
ONE-TIME ASSESTED 2 PAYMENT includi			
	_	City Fire Marsl	nall
STEP 3 Proceed to <u>BPLO</u> f			

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