

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: 2025	RENEWAI	Date Applied: BIN:	
-		Contact No.:	
Business Name :			
Business Address:			
Name of Taxpayer:			
Line of Business:		Business Plate:	
Remarks:			
CERTIFICATION	N AS TO COMPLIANCE OF REQUIRE	EMENTS FOR MAYOR'S PI	ERMIT
POLICE CERTIFICATIO	(Requirements: Brgy. Clearance, Cedula, OR	from Treasurer's Office & Document	ary Stamp)
Remarks:			Date Signed:
		Chief of Police	<u> </u>
HEALTH & SANITARY (P.D. 856 - Food Caterers/Hand	Y REQUIREMENTS tlers) (For Non-Food - Health Card Only)		
Remarks:			Date Signed:
		City Health Officer	1
BUILDING CODE (En	ngineering Department		
Remarks:			Date Signed:
		Building Inspector	1
REAL PROPERTY (T1	reasurer's Office)		
Remarks:			Date Signed:
		Land Tax Division Chief	1
PESO \			
Remarks:			Date Signed:
Termina.			†
STEP 1 SUBMISSION OF R		FIRE CODE (R.A. 9514):	
for UNIFIED FORM			Date Signed:
ONE 577 57 15		Remarks.	S.g
STEP 2 ONE-TIME ASSESS PAYMENT including			
		City Fire Marsh	 nall
STED 2 Proceed to BPLO for	r issuance and		-
STEP 3 Proceed to BPLO for releasing of Mayor's			

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