

**YEAR:**

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

**APPLICATION FOR MAYOR’S PERMIT PEDICAB OPERATOR(5 UNITS & ABOVE)**

 Date

**NEW RENEWAL NO. OF UNITS: \_\_\_\_\_\_\_\_\_\_**

Name of Applicant:

Contact No. :

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

­**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

 **CHECKED BY:**

 