



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.")**