



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



OFFICE OF THE CITY MAYOR
BUSINESS PERMIT & LICENSING OFFICE

PEDICAB OPERATOR (1 - 4 UNITS)

YEAR: 2025

No. of Units: _____ Date _____

Name of Applicant: _____

Address: _____

Community Tax Cert. No.: _____ Date & Place Issued: _____

CERTIFICATION AS TO COMPLIANCE OF REQUIREMENTS

POLICE CLEARANCE



Chief of Police

HEALTH CARD

City Health Officer

PESO

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