



Republic of the Philippines
CITY OF OLONGAPO
LOCAL ECONOMIC DEVELOPMENT & INVESTMENT PROMOTIONS OFFICE
BUSINESS PERMIT & LICENSING OFFICE

Rm. 101, G/F, City Hall, Rizal Avenue, West Bajac Bajac, Olongapo City 2200, Philippines
Tel.: (47) 611-4813 * Email: bplo.oc@gmail.com * Web: www.olongapocity.gov.ph

<p>RECEIVED BY: SIGNATURE: _____ TIME: _____ DATE: _____ <small>(for BPLO Staff only)</small></p>
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APPLICATION FOR MAYOR'S PERMIT
(EXERCISE OF PROFESSION, OCCUPATION OR CALLING)

Print legibly. Tick appropriate boxes (✓) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE

Date of Application:	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer	Designation / Position:		2" x 2" Picture	
APPLICANT'S PERSONAL INFORMATION					
Last Name:	First Name:	Middle Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others (pls. specify): _____	Date of Birth: (MM/DD/YYYY)	Place of Birth:			
Civil Status:	Age:	Citizenship:			
Residential Address:	No.:	Street Name:	Barangay/Town:		City/Province:
Contact Information:	Telephone No.:	Mobile No.:	Email Address:		
SSS Number: (optional)	Health Card No.:	Police Clearance No.:			
EDUCATIONAL BACKGROUND					
EDUCATIONAL ATTAINMENT	SCHOOL / INSTITUTION	YEAR			
EMPLOYER INFORMATION					
Business Name of Employer:					
Business Address:	No.:	Building/Area:	Street Name:	Barangay:	
Contact Information:	Telephone No.:	Mobile No.:	Email Address:		
PLEASE PLACE FINGERPRINT IF APPLICANT IS UNABLE TO SIGN	<p>I understand that any false information or fraudulent statement made herein shall be sufficient cause for denial of Mayor's Permit or its revocation if already issued. I promise to abide by the laws, rules, regulations and ordinances pertaining to the exercise of my occupation or profession. I understand that non-compliance with existing laws and/or ordinances shall be a sufficient ground for cancellation of the Mayor's Permit issued to me.</p>				
FINGERPRINT HERE					SIGNATURE OF APPLICANT OVER PRINTED NAME

<p>Requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One (1) 2x2 & 1x1 Picture <input type="checkbox"/> Copy of Official Receipt (from City Treasurer's Office) <input type="checkbox"/> Copy of Community Tax Certificate <input type="checkbox"/> Copy of Police Clearance <input type="checkbox"/> Copy of Health Card <p>Special Requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Red Cross Certificate or other Equivalent Documents (for Lifeguards) <input type="checkbox"/> Copy of Driver's License (for Drivers/Riders) <input type="checkbox"/> Certification from DOLE (for Minors) <input type="checkbox"/> Duly Notarized Authorization Letter (If not the Applicant) 	<p>REMARKS:</p> <p align="center">RELEASED</p> <p>RECEIVED BY : _____ <small>(SIGNATURE OVER PRINTED NAME)</small></p> <p>DATE : _____</p>
<p>COMMUNITY TAX CERTIFICATE NO.</p> <hr/> <p>PLACE ISSUED / DATE ISSUED</p>	<p>Approved by:</p> <p align="center">SANDRA DEE S. ECALNIR HEAD, LEDIPO-BPLO</p>