



Republic of the Philippines
 CITY OF OLONGAPO
 OFFICE OF THE CITY MAYOR
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

RECEIVED BY:
SIGNATURE: _____
TIME: _____
DATE: _____

APPLICATION FOR MAYOR'S PERMIT
(EXERCISE OF PROFESSION, OCCUPATION OR CALLING)

Date of Application:		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer		Designation / Position:	
APPLICANT'S PERSONAL INFORMATION					
Last Name:		First Name:		Middle Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		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:

2" x 2"
Picture

EMPLOYER INFORMATION					
Business Name of Employer:					
Business Address:	No.:	Building/Area:		Street Name:	Barangay:
Contact Information	Telephone No.:		Mobile No.:		Email Address:
Previous Employer (if any)					

PLEASE PLACE FINGERPRINT IF APPLICANT IS UNABLE TO SIGN FINGERPRINT HERE	<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> <p style="text-align: right; margin-top: 20px;">_____</p> <p style="text-align: right;">SIGNATURE OF APPLICANT</p>
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Requirements: <input type="checkbox"/> 2 x 2 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 Special Requirements: <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)	REMARKS:
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">COMMUNITY TAX CERTIFICATE NO.</td> </tr> <tr> <td style="text-align: center;">PLACE ISSUED / DATE ISSUED</td> </tr> </table>	COMMUNITY TAX CERTIFICATE NO.	PLACE ISSUED / DATE ISSUED	Approved by: <div style="text-align: center;"> SANDRA DEE S. ECALNIR <hr style="width: 80%; margin: auto;"/> HEAD, BUSINESS PERMIT & LICENSING </div>
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