

Republic of the Philippines CITY OF OLONGAPO OFFICE OF THE CITY MAYOR BUSINESS PERMIT & LICENSING OFFICE

RECEIVED BY:
SIGNATURE:
TIME:
DATE:

Rm. 101, G/F, City Hall, Rizal Avenue, West Bajac Bajac, Olongapo City 2200, Philippines Tel.: (47) 222-2553 * Mobile: (920) 432-4243 * Email: bplo.oc@gmail.com * Web: www.olongapocity.gov.ph

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

Date of Application: ☐ Ne ☐ Re		ew enewal	☐ Transfer From:	Designation / Position:					
	Α	PPLICAN	T'S PERSONAL INFORM	ATION					
Last Name: Firs		First Na	me:	Middle Name:		2" x 2" Picture			
Gender:		Date of Birth:		Place of Birth:					
Civil Status:		Age:		Citizenship:					
Residential Address:	No.:	Street N	ame:	Barangay/Town:		City/Province:			
Contact Information	Telephone	No.:		Mobile No.:	bile No.:		Email Address:		
			EMPLOYE	R INFORMATION					
Business Name of Employer:									
Business: Address:	No.:	Buildi	ng/Area:	Street Name:		Barangay:			
Contact Information	Telephone No.:			Mobile No.:		Email Address:			
Previous Employer (if any)									
I understand that any abide by the laws, rules, reg shall be a sufficient ground	gulations and or	dinances per	rtaining to the exercise of my occ	be sufficient cause for denial of May supation or profession. I understand	or's Permit or its that non-compl	liance with existing laws and/o	I promise to or ordinances		
						Signature of Applicant			
Community Tax Certificate No.			Official	Official Receipt Number		Date of Payment			
		SUBSCRIBED AND SWORI Dlongapo City, Philippines.	SCRIBED AND SWORN to before me thisgapo City, Philippines.			_, 20 a	at		
Doc. No.					Approve	d by:			
Page No.									
Book No.									
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			Notary Public		Head, Business Permit & Licensing				