



**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 \* Mobile: (920) 432-4243 \* Email: bplo.oc@gmail.com \* Web: www.olongapocity.gov.ph

<b>RECEIVED BY:</b>
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:		2" x 2" Picture
<b>APPLICANT'S PERSONAL INFORMATION</b>				
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:	
Contact Information	Telephone No.:	Mobile No.:	Email Address:	

<b>EMPLOYER INFORMATION</b>				
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 align="right">_____ SIGNATURE OF APPLICANT</p>
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<p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 x 2 Picture</li> <li><input type="checkbox"/> Copy of Official Receipt (from City Treasurer's Office)</li> <li><input type="checkbox"/> Copy of Community Tax Certificate</li> <li><input type="checkbox"/> Copy of Police Clearance</li> <li><input type="checkbox"/> Copy of Health Card</li> </ul> <p><b>Special Requirements:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Red Cross Certificate or other Equivalent Documents (for Lifeguards)</li> <li><input type="checkbox"/> Copy of Driver's License (for Drivers/Riders)</li> <li><input type="checkbox"/> Certification from DOLE (for Minors)</li> <li><input type="checkbox"/> Duly Notarized Authorization Letter (If not the Applicant)</li> </ul>
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<b>REMARKS:</b>

COMMUNITY TAX CERTIFICATE NO.
PLACE ISSUED / DATE ISSUED

<p>Approved by:</p> <p align="center"><b>SANDRA DEE S. ECALNIR</b></p> <p align="center">HEAD, BUSINESS PERMIT &amp; LICENSING</p>
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