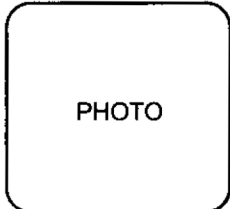


REPUBLIC OF THE PHILIPPINES
City of San Juan, Metro Manila
 OFFICE OF THE MAYOR



BUSINESS PERMIT AND LICENSE OFFICE

(OCCUPATIONAL PERMIT)

Name _____

Address _____

Date of Birth _____ Place of Birth _____

T.I.N. _____

Cedula _____ Date Issued _____

Position Applied _____

Name of Workplace _____

Address of Workplace _____

Date of Application _____

Sex _____

Contact Nos. _____

Citizenship _____ Civil Status _____

Height _____ Weight _____

Signature of Applicant _____

(Do not fill-up outside this box)

Subscribed and sworn to before me this _____ day of _____, 20____ at the city / municipality of _____ that affiant exhibited to me his / her residence certificate.

No.A _____ Issued at _____ on _____

Doc No. _____

Page No. _____

Book No. _____

Series of 20 _____

_____ Administering Officer

	Date Issued	Expiration Date	Amount Paid
Police Clr. No.			
Medical Cert. No.			
VD Cert. No.			
PC Clearance			

Permit No. _____

Date Issued _____

Amount Paid _____

O.R. No. _____

Approved By: **FRANCISCO JAVIER M. ZAMORA**
City Mayor

Rhia O. Mangila
 Asst. Department Head