Republic of the Philippines

Province of Bohol

MUNICIPALITY OF PANGLAO

**BUSINESS PERMITS AND LICENSING OFFICE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEGATIVE LIST FORM**

**NAME OF ESTABLISHMENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OWNER OF ESTABLISHMENT :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION (DTI/SEC/CDA) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As per our computerized record, you still need to comply with the lacking documents checked below:

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECKLIST OF REQUIREMENTS** | | **CLEARING OFFICE** | **SIGNATURE OF CLEARING AUTHORITY** |
|  | PNP Clearance | PNP | PSI JOEMAR POMAREJOS |
|  | Health Requirements |  |  |
|  | Health Cards | MHO | JULITA L. COGO, MD |
|  | * Sanitary Permit | RSI | ABELIO A. ARBILO |
|  | * Occupancy Permit/FSIC | OBO | ENGR. ROGELIO S. BONAO |
|  | CRM Clearance | CRM | DARWIN M. MENORIAS |
|  | SWM Clearance | SWMO | MANUEL FUDOLIN |
|  | Tourism Clearance | PMTO | PATERNA M. RUIZ |
|  | Others |  |  |
|  |  |  |  |
|  |  |  |  |

You are therefore advised to report to the concerned clearing office to comply with the requirements before we could process your permit application. Please come back when completed so you can have your business permit application processed.

**JAIRUS D. FUDERANAN**

Business Permits and Licensing Officer