

CITY OF DAVAO
Permits and Licenses Division (Business Bureau)
APPLICATION FOR OCCUPATIONAL PERMITS

Date Applied: _____

Account Code: **605-7**

Occupational Permit

Purpose: _____

FOR BUSINESS BUREAU ONLY

NEW

RENEWAL

Verified by: _____

(PLEASE PRINT LEGIBLY)

APPLICANT'S DATA

Last Name: _____

First Name: _____

Middle Name: _____

Birthdate: _____ Age: _____

Birthplace: _____

Gender: _____

Contact #: _____

Educational Attainment: _____

Present Address: _____

Position: _____

Employer: _____

Address of Establishment: _____

DOCUMENT PRESENTED

- Latest Cedula
- Police Clearance
- Prosecutor's Clearance or Court Clearance
- Official Receipt (Permit Fee)
- Health Certificate/ ID
- Birth Certificate
- Affidavit of Consent
- Neuro Test Result
- Drug Test Result

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