



Republic of the Philippines  
Office of the City Mayor  
**BUSINESS PERMIT and LICENSING DIVISION**  
Tacloban City

**PUBLIC UTILITY VEHICLE**  
Mayor's Business Permit, Application Form  
**PUJ,PUB,PUV,TAXI**

|  |                                |                        |   |
|--|--------------------------------|------------------------|---|
| Fill up the application form<br><b>CLEARLY and TRUTHFULLY.</b> Any false statement shall invalidate this application and may cause for <b>revocation and cancellation</b> of the permit that may issued. | <b>To be filled up by BLPD</b> |                        |   |
|  | Control No.                    | Account No.            | RECIEVED: _____<br>Date & Time: _____<br>By: _____  |
|  |                                | Application Permit No. | SURRENDER: _____<br>Date & Time: _____<br>By: _____ |
|  |                                |                        |   |

**Name of Operator:** \_\_\_\_\_  
First Name Middle Name Family Name

**Address:** \_\_\_\_\_  
House No. Street Brgy.

**Birthday:** \_\_\_\_\_ **Birth Place:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_ **Civil Status:** \_\_\_\_\_

**Spouse: Name:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Description of Model Vehicle**

**Brand & Model:** \_\_\_\_\_ **Plate No:** \_\_\_\_\_ **MV File No:** \_\_\_\_\_

**Engine No:** \_\_\_\_\_ **Chasis No:** \_\_\_\_\_

**LTO CR No:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**LTO OR No:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**LTFRB CASE No:** \_\_\_\_\_ **Autorized Route:** \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Civil Status:** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_ day of \_\_\_\_\_ 2016 at Tacloban City.  
Applicant exhibiting to me hes/her Community Tax Certification bearing the number \_\_\_\_\_  
Issued on \_\_\_\_\_ at \_\_\_\_\_.

*Doc. No.* \_\_\_\_\_  
*Page No.* \_\_\_\_\_  
*Book No.* \_\_\_\_\_  
*Series No.* \_\_\_\_\_

**NOTARY**

DOC STAMP

*To be accomplished in the presence of a Licensing Personel:*

Specimen signature of Applicant: \_\_\_\_\_

Valid ID Presented: 1 \_\_\_\_\_ 2 \_\_\_\_\_

2X2 PHOTO

Verified by: \_\_\_\_\_  
 \_\_\_\_\_  
*Section in-Charge*