



SPECIAL PERMIT

APPLICATION FORM
BUSINESS PERMIT AND LICENSE OFFICE
CITY GOVERNMENT OF SANTA ROSA

**INSTRUCTIONS:**

1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.
2. Ensure that all documents attached to this form (if any) are complete and properly filled out.

APPLICATION SECTION

Application No.:	Date:
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Activity Name:	
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Activity Location:

Postal Code:	Email Address:
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Telephone No.: ()	Mobile No.:
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Organizer Name:	Last Name	First Name	Middle Name
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Organizer's Address:

Postal Code:	Email Address:
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Telephone No.: ()	Mobile No.:
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Activity Type:	
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In Case of Emergency:	Contact Person:	Email Address:
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	Mobile No.:	Telephone No.: ()
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Business Area (in sqm):	No. of Employees in Establishment: F M	No. of Employees Residing in LGU:
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Note: Fill Up Only If Business Place is Rented

Lessor's Full Name:

Lessor's Full Address:

Lessor's Full Telephone/Mobile No.:

Lessor's Email Address:

Monthly Rental:	Date Started:
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	VALIDITY:
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	FROM:	
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	TO:	
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REMARKS:	ASSESSMENT	Approved by:
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