



Province of Laguna  
City of Santa Rosa  
City Health Office II



**ENVIRONMENTAL HEALTH AND SANITATION SERVICES**

Ctrl No. \_\_\_\_\_

**CHECKLIST OF REQUIREMENTS  
FOR ISSUANCE OF SANITARY PERMIT**

- \_\_\_\_\_ 1. Application Form
- \_\_\_\_\_ 2. Temporary Business Permit
- \_\_\_\_\_ 3. Health Card Certificate of all Personnel
- \_\_\_\_\_ 4. Water Test Analysis Result
  - Microbiological Test
  - Physicochemical Test
- \_\_\_\_\_ 5. Environmental Clearance Certificate  
from CENRO
- \_\_\_\_\_ 6. Sanitary Permit Issued last year

Note:

All requirements shall be submitted in photo copy.

Name of Establishment: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_



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