



REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF HEALTH
 FIELD OPERATIONS
 REGIONAL HEALTH OFFICE NO. IV
OFFICE OF THE CITY HEALTH OFFICER
CITY HEALTH OFFICE - II
CITY OF SANTA ROSA, LAGUNA



SANITARY PERMIT TO OPERATE

Issued to

(Registered Name)

(Type of Establishment)

(Address)

Sanitary Permit No. _____ Date Issued _____ , 20 _____

Date of Expiration _____ , 20 _____

This permit is not transferable and will be revoked for violation of the Sanitary Rules, Laws or Regulations of P.D. 522 and P.D. 856 and Pertinent Local Ordinance.

Recommending Approval:

JOSEPH C. RICAFORT/BEATRIZ V. FLORES

SANITARY INSPECTORS

ERWIN M. ESCAL, M.D.

CITY HEALTH OFFICER

(THIS MUST BE DISPLAYED WITHIN PUBLIC VIEW)