



Application Form
Business Clearance



Date: _____

Control No.: _____

O.R. No.: _____

First Name: _____ Middle Name: _____ Surname: _____

Home Address: _____ Own House: ☐ Rented: ☐

Living with relatives: Yes: ☐ No: ☐

Contact No.: _____ Email: _____ Gender: Male: ☐ Female: ☐

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Civil Status: _____ Precint No.: _____

Applicant Signature

BUSINESS CLEARANCE (Purpose):

☐ Business (New/ Renewal)

Business Name: _____

☐ With Liquor

☐ Without Liquor

Inspected By: