**Republic of the Philippines**

**Province of Laguna**

**Municipality of Rizal**

**OFFICE OF THE MUNICIPAL HEALTH OFFICER**

[mho.rizallaguna@gmail.com](mailto:mho.rizallaguna@gmail.com)

**SANITARY PERMIT FORM**

{BUSINESS\_NAME}

Registered Name

{BUSINESS\_OWNER}

Owner

Sanitary Permit: {Permit\_No}

Type of Establishment: {Type}

Address: {Address}

Registration No: **{Reg\_No}**

Date Issued: {Date\_Issued} Date of Expiration: {Exp\_Date}

No. of Employees: **{No\_of\_Employees}**

*This permit is non-transferable and will be revoked for any violation of the Sanitary Rule, Laws and/or*

*Regulations of P.D. 856 and Local Ordinances.*

Recommending Approval:

Approved:

**JOHN MICHAEL I. GANGAY, RN**

Sanitation Officer (OIC) **DR. SAM JOSEPH C. CIRILO, Ll. B., MPM-HSD, CFP**

Municipal Health Officer