



CAVITE STATE UNIVERSITY
GENERAL TRIAS CITY CAMPUS

Town Proper, City of General Trias , Cavite

**BACHELOR OF SCIENCE IN
SECONDARY EDUCATION
MAJOR IN ENGLISH**

PRELIMINARY SURVEY VISIT

AREA VIII.

PHYSICAL PLANT AND FACILITIES

**I. Food Services/Canteen (for ocular
inspection)**

I.1 Copy of the permit to operate conspicuously



Republic of the Philippines
Super National Administrative
Province of Iloilo
City of Iloilo



BARANGAY TIGABA

OFFICE OF THE PUNONG BARANGAY

BARANGAY BUSINESS CLEARANCE

Document to be submitted to the Department of Trade and Industry, Division Office - Iloilo, and the Department of Health, Division Office - Iloilo, for the purpose of securing a business license.

NAME OF BUSINESS: _____
TYPE OF BUSINESS: _____
NAME OF OWNER: _____
CAPITAL: _____
ADDRESS: _____
DATE OF OPERATION: _____
NAME OF CONTACT PERSON: _____
CONTACT NO.: _____
DATE: _____
SIGNATURE OF PUNONG BARANGAY: _____

This document is valid for the purpose of securing a business license and registration of the business in the Department of Trade and Industry, Division Office - Iloilo.

Signature of Punong Barangay: _____
Name: _____
Title: _____

APRIL 11, 2018

Page No. _____

This document is valid for the purpose of securing a business license and registration of the business in the Department of Trade and Industry, Division Office - Iloilo.



This certifies that

CLEAFER'S EATERY
(Proprietor)

RESIDENT OF CALABANG, ILOILO

has been duly registered in the office pursuant to the provisions of the DTI Act, as amended by the DTI Act of 2010, and is in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate is valid for

CLEAFER'S EATERY

and is valid for the purpose of securing a business license and registration of the business in the Department of Trade and Industry, Division Office - Iloilo.

It is hereby declared that the business is in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

It is hereby declared that the business is in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

**Certificate of
Business Name Registration**

This document is valid for the purpose of securing a business license and registration of the business in the Department of Trade and Industry, Division Office - Iloilo.

Signature of Punong Barangay: _____
Name: _____
Title: _____

Certificate No. 0000000

This document is valid for the purpose of securing a business license and registration of the business in the Department of Trade and Industry, Division Office - Iloilo.

Page No. _____

This certifies that

CLEAFERE'S EATERY

(Regional)

REGION 4-A (CALABARZON)

business name registered in this office pursuant to the provisions of Act 3883, as amended by Act No. 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

CLEAFERE LEGASPI NOCON

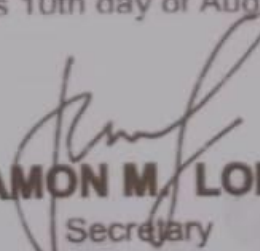
041, CORREGIDOR POB. (BGY. 10), GENERAL TRIAS CITY CAVITE, REGION 4-A
(CALABARZON)

is valid from 10 August 2018 to 10 August 2023 subject to continuing compliance with the above-mentioned laws and all applicable laws of the Philippines, unless voluntarily cancelled.

In testimony whereof, I hereby sign this

**Certificate of
Business Name Registration**

and issue the same on this 10th day of August 2018 in the Philippines.



RAMON M. LOPEZ

Secretary

Certificate No. 05507459

This certificate is not a license to engage in any kind of business and valid only at the scope indicated herein.

TRN 9088351



Republic of the Philippines

Region IV-A (CALABARZON)

Province of Cavite

City of General Trias



BARANGAY VIBORA

OFFICE OF THE PUNONG BARANGAY

BARANGAY BUSINESS CLEARANCE

Pursuant to the Provisions of Republic Act No. 7160, the Local Government Code of 1991 and Barangay Ordinance No. 03-02, **BARANGAY CLEARANCE** is hereby granted to:

CLEAFERE'S EATERY

NAME OF BUSINESS

BARANGAY VIBORA

LOCATION OF BUSINESS

CLEAFERE LEGASPI NOCON

NAME OF OWNER

041 CORREGIDOR, CITY OF GENERAL TRIAS

ADDRESS OF OWNER

EATERY

NATURE OF BUSINESS

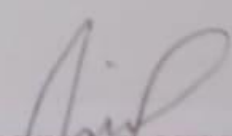
Strict compliance with the provisions of existing laws, Ordinance and Regulations of this Barangay, pertinent to the operation of your business is enjoined.

Given this 24th day of September 2019 at Barangay Vibora, City of General Trias, Cavite and Valid only until December 31, 2019.

CTC No: _____

Issued at: _____

Issued on: _____


JODY C. NIVIAR

Punong Barangay

Ctrl No. 19- 019

This clearance is valid within twelve (12) months and is not valid without official seal

*This clearance is not license to engage in Business Mayor's Permit required before a business lawfully begins. This is only a requirement for the said permit.

I.2 Display board where food/menu for the day, including prices is posted.

Breakfast:

Fried egg
Fried Hotdog
Fried lanchon meat
Wongganisa

CAVSH CANTEEN

Coffee/Juice
Embotido
Fried Rice
ASSTD. SOFTDRINK
MINERAL WATER

Date:
Sept. 27th
FRIDAY

Lunch:

PORK CALDERETA
CHICKEN CHERRY
SAUTEED FRESH AMPALAYA
EGGPLANT FREETERS
FRIED LUMPIA VEGIES

Dessert:
Fresh Banana

I.3 Health Certificate of Canteen staff and food handlers.

MEDICAL CERTIFICATE

INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- The results of the following pre-employment medical/qualifications examinations must be attached to this form:

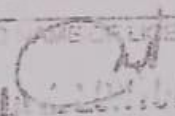
Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Middle Initial if any) and Middle Name			AGENCY / ADDRESS
NOCON, CLEAFERE LEGASPI			CAVITE STATE UNIVERSITY - GENERAL TRIAS CITY CAMPUS
ADDRESS			
41 BARABGAY CORREGIDOR, CITY OF GENERAL TRIAS, CAVITE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	FEMALE	SINGLE	CANTEEN OPERATION

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined above named individual and found him/her to be physically and medically ☒ FIT / ☐ UNFIT for employment.

SIGNATURE and PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
 VIRGILIO L. LEGASPI, M.D. LIC. # 50162	11/0/76		
AGENCY/Institution of Licensed Government Physician			
CAVITE STATE UNIVERSITY HEALTH SERVICES UNIT			
LICENSE NO.	HEIGHT in Shoe Feet	WEIGHT in Pounds	BLOOD Type
6052162	1.64	53	O
OFFICIAL DESIGNATION	DATE EXAMINED		
No. 0111	JUL 29 2019		