



Republic of the Philippines
City of Baguio
OFFICE OF THE MAYOR

BUSINESS PERMIT

Business Name: _____
Address: _____

Business Nature: _____
City: _____

Business Hours: _____
Contact Person: _____

Business License No.: _____
Date: _____

Business Permit No.: _____
Date: _____

BUSINESS INFORMATION	
Business Name	Business Address
Business Nature	
Business Hours	
Contact Person	

I hereby certify that the above information is true and correct as shown in the records of the Office of the Mayor, City of Baguio, and that the business permit is valid for the period specified herein.

MAYOR

Date: _____

