Republic of the Philippines Province of Cagayan TUGUEGARAO CITY

### NINTH CITY COUNCIL

### **COMMITTEE REPORT**

July 10, 2024

Submitted by:

### COMMITTEE ON GAMES, ENTERTAINMENT AND AMUSEMENT

### PRESENT:

| HON. TIRSO V. MANGADA | - | Chairperson |
|-----------------------|---|-------------|
| HON. JUDE T. BAYONA   | - | Vice Chair  |
| HON. ARNEL T. ARUGAY  | - | Member      |
| HON. GRACE B. ARAGO   | - | Member      |

#### **RESOURCE PERSONS:**

| <b>JOSEPHINE G. RAMIREZ</b>    | - | Owner/Operator, Josephine Amusement Place |
|--------------------------------|---|---|
| HON. WALDO L. ZINGAPAN         | - | Punong Barangay, Cataggaman Nuevo         |
| JOEL BARIUAN                   | - | Head, BPLO                                |
| <b>BUENAVENTURA F. LAGUNDI</b> | - | City Treasurer                            |
| PLT.COL. PEPITO A. MENDOZA JR. | - | Chief of Police, Tuguegarao City - PNP    |

### FOR THE PRESIDING OFFICER:

The committee met and deliberated on the referral:

### COMMITTEE REPORT NO. 194-2024.

#### SUBJECT:

Indorsement of the City Mayor, Hon. Maila Rosario S. Ting-Que, on Resolution No. 12-2024 of Barangay Cataggaman Nuevo "A Resolution Earnestly Requesting the Honorable City Mayor Maila Rosario S. Ting-Que for the Approval of "Peryahan sa Barangay" in Commemoration on the Celebration of Barangay and Patronal Fiesta on August 08, 2024".

The joint committees together with resource persons convened last June 26, 2024, and resumed the meeting on July 10, 2024, to give ample time to the applicant for their complete presentation of identified documents needed for the approval of the request transpired during the said first joint committee meeting.

### **FINDINGS:**

- City Mayor, Hon. Maila Rosario S. Ting-Que, indorsed to the Ninth City Council the Resolution No. 12-2024 of Barangay Cataggaman Nuevo "A Resolution Earnestly Requesting the Honorable City Mayor Maila Rosario S. Ting-Que for the Approval of "Peryahan sa Barangay" in Commemoration on the Celebration of Barangay and Patronal Fiesta on August 08, 2024".
- 2. The owner of Josephine Amusement Place, Ms. Josephine G. Ramirez, signified their intention to operate an "Peryahan sa Barangay" in Commemoration on the Celebration of Barangay and Patronal

Fiesta for 45-days at the vacant lot along Zone 7, Gunnacao St., Cataggaman Nuevo, Tuguegarao City, starting from July 17, 2024 to August 30, 2024 from 5:00 P.M to 11:00 P.M to enliven more the Barangay Patronal fiesta celebration.

- 3. The request to conduct peryahan will form part of their fund-raising activity in celebration of their annual Patronal Fiesta.
- 4. Barangay Cataggaman Nuevo already passed a resolution approving the conduct of "Peryahan sa Barangay" in Commemoration on the Celebration of Barangay and Patronal Fiesta.
- 5. The owner of Josephine Amusement Place, Josephine G. Ramirez, manifested that they will unable to put-up rides due to unavailability and conflict of schedules.
- 6. The Barangay should have a resolution authorizing the Punong Barangay to negotiate and enter into Memorandum of Agreement on behalf of the Barangay and the Owner/Operator of the carnival.
- 7. The committee, sought that the following are documentary requirements for the approval to operate carnival;
  - a.) Barangay Resolution for the conduct of Amusement Carnival (Peryahan)
  - b.) Barangay Resolution Authorizing the Punong Barangay to negotiate and enter into Memorandum of Agreement on behalf of the Barangay and the Owner/Operator of the carnival.
  - c.) DTI Certificate of Business Name Registration
  - d.) Memorandum of Agreement between the Barangay and the Carnival Owner/Operator
  - e.) Contract of Lease

2.0

4

- f.) List of Carnival Rides and Games
- g.) At least three (3) Affidavit of No Carnival Accident dully signed and notarized by the respective representative Municipality/City they operated in the past two (2) years (if they operated with carnival rides)
- h.) Barangay Clearance; and
- i.) BPLO application form for business permit
- 8. As manifested by Hon. Jude T. Bayona, any form of illegal gambling is prohibited inside the carnival, such as: Drop Ball, 6/8 and Color game and other similar illegal gambling activities.
- 9. For the PNP-Tuguegarao City to strictly monitor the operation of the carnival and to secure and ensure the safety of the vicinity.
- 10. Last July 10, 2024, during the second committee meeting, the Owner/Operator of Josephine Amusement Place submitted the following documentary requirements as required by the committee.
- 11. Other necessary documents identified by the BPLO must be complied and submitted upon securing Special Permit/Mayor's permit.
- 12. As per information from Jocelyn C. Belita, Owner of JDM Amusement Place, the following are the games in the carnival;

### GAMES

a.) Bingob.) Shooting Galleryd.) Running Lightse.) Target Balloon

### **RECOMMENDATION:**

After thorough discussions, the joint committees favorably recommend the approval of Local Carnival (Perya) of Barangay Annafunan East, subject to the submission of all the documentary requirements and subject further to the following conditions;

For the Carnival Operator:

- 1. To secure a Special Permit/Mayor's Permit;
- 2. To maintain cleanliness and sanitation within the premises;
- 3. To secure and ensure the safety of the vicinity by providing security personnel;
- 4. Not to extend the time and days of operation;
- 5. To strictly comply with City Ordinance No. 80-08-2020, An Ordinance Prohibiting the use of Karaokes, Videokes and other similar Sound Producing Gadgets that disturb and disrupt Modular and On-Line Classes among Homes in the 49 Barangays of Tuguegarao City from Monday to Friday (7:00 AM to 7:00 PM) and Saturday (7:00 PM to 5:00 PM), and Providing Penalties for Voilations thereof;
- 6. To strictly comply to City Ordinance No. 12-09-2023, An Ordinance Imposing Curfew Hours for Minors to Prevent Juvenile Delinquency and Providing Penalties thereof; with the exemption provided under Section 5 (3) Minors who are in the company of their parents, guardians and proper authorities; and
- 7. To strictly observe health protocols within the premises.

Furthermore, the joint committees recommend that any form of illegal gambling activity, such as: Drop Ball, 6/8, Color Game and other similar illegal gambling activities inside the carnival shall be a ground for the termination/stoppage of their operations, revocation of their permit and will be subject to legal actions against the operator.

Respectfully Submitted:

MANGADA HON. TIRSON Chairman (Games, Entertainment and Amusement)

. 11

. .

HON. JUDE T. BAYONA Vice Chairperson (Games, and Rules)

HON. ARNEL T. ARUGAY Member (Games, and Rules)

Darces HON. GRACE B. ARAGO Member (Games, and Rules)



June 18, 2024

### THE PRESIDING OFFICER AND MEMBERS

Sangguniang Panlungsod This City

### Dear Presiding Officer and Members of the Sanggunian:

We are forwarding to your level the attached letter and Resolution of Barangay Cataggaman Nuevo requesting to conduct "*Peryahan sa Barangay*" for the Celebration of Barangay Patronal Fiesta on August 8, 2024.

For your information and appropriate action. Thank you and best regards.

MAILA ROSARIO S. TING QUE City Mayor



Province of Cagayan Tuguegarao City BARANGAY CATAGGAMAN NUEVO

June 13, 2024

HON. MAILA ROSARIO S. TING-QUE City Mayor Tuguegarao City

| OFFIC | E OF THE CITY MAYOR |
|-------|---------------------|
| R     | FANTY TO            |
| Date: | JUN 14 ZOES         |
| Time: | 9-15 A.M.           |
| By:   |                     |
|       | 1                   |

Dear Mayor:

Respectfully furnishing you the copy of a resolution entitled "A Resolution Earnestly Requesting the Honorable City Mayor Maila Rosario S. Ting-Que for the Approval of *Peryahan sa Barangay* in Commemoration on the Celebration of Barangay and Patronal Fiesta on August 8, 2024".

Thank you and May God bless you a thousand fold!

Respectfully,

WALDOL. ZINGAPAN Punong Barangay

"Building A Better Barangay Together" Address: Zone 3, Provincial Road, Cataggaman Nuevo Email Add: catagnuevo.fugcity2023@gmail.com Contact: 304-0319

#4559



### Republic of the Philippines Province of Cagayan Tuguegarao City BARANGAY CATAGGAMAN NUEVO OFFICE OF THE PUNONG BARANGAY

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE BARANGAY COUNCIL HELD ON JUNE 1, 2024 AT THE BARANGAY CATAGGAMAN NUEVO SESSION HALL.

PRESENT: HON. WALDO L. ZINGAPAN

HON. VICENTE M. ZINGAPAN, JR. HON. PATRICKSON C. APOSTOL HON. JESUS M. LAMUD HON. JESUSA C. BACUD HON. RUFINO C. BARSABAL HON. LUZ A. CALLO HON. ANTONIO T. TUMBALI HON. SANJO C. SORIANO OTHER PRESENT MR. JOSE C. DAYAG, JR MS. JOCELYN T. ALOBBA Punong Barangay / Presiding Officer Barangay Kagawad SK Chairperson

Barangay Secretary Barangay Treasurer

RESOLUTION NO. <u>12</u> Series of 2024

A RESOLUTION EARNESTLY REQUESTING THE HONORABLE CITY MAYOR MAILA ROSARIO S. TING-QUE FOR THE APPROVAL OF *"PERYAHAN SA BARANGAY"* IN COMMEMORATION ON THE CELEBRATION OF BARANGAY AND PATRONAL FIESTA ON AUGUST 8, 2024

WHEREAS, the Barangay and Patronal Fiesta is an annual event celebrated in Barangay Cataggaman Nuevo on August 8, fostering community spirit, cultural heritage, and local traditions;

WHEREAS, the celebration of the Barangay and Patronal Fiesta serves as an opportunity for the residents to come together, promote social cohesion, and enhance the cultural identity of the barangay and acknowledging the longstanding desire of the community for the Peryahan sa Barangay as part of the fiesta celebrations.;

WHEREAS, the Peryahan sa Barangay, which includes traditional games, rides, and various forms of entertainment, is an integral part of the fiesta celebrations, providing enjoyment and recreational activities for the residents;

WHEREAS, the Local Government Code of 1991 (Republic Act No. 7160) grants local government units the power to create their own sources of revenue and to levy taxes, fees, and charges, subject to the provisions herein, consistent with the basic policy of local autonomy;



WHEREAS, Section 391 (Powers, Duties, and Functions of the Barangay) of the Local Government Code states that barangays have the authority to hold such activities that promote the general welfare of its inhabitants;

WHEREAS, the conduct of Peryahan sa Barangay must adhere to local laws and ordinances, ensuring that all activities are carried out in an orderly and lawful manner, with necessary permits and licenses secured from appropriate authorities;

WHEREAS, the approval of Peryahan sa Barangay requires coordination with the City Government, the Philippine National Police, and other relevant agencies to ensure public safety and compliance with regulatory requirements;

WHEREAS, the Perya Operators will provide the needed clearances or permits, as part of the contract signed by both parties the CataggamanNuevo - BLGU and Perya Operators.

**NOW THEREFORE**, on motion of Sangguniang Barangay Member Vicente Jr. M. Zingapan with unanimous accord of the members of the Sangguniang Barangay present; be it:

**RESOLVED**, as it is hereby **RESOLVED**, to earnestly approve the A Resolution Earnestly requesting for the approval of *"Peryahan sa Barangay"* in Commemoration on the Celebration of Barangay and Patronal Fiesta on August 8, 2024.

**UNANIMOUSLY APPROVED** this 1<sup>st</sup> day of June 2024, by all the present members of the Sangguniang Barangay of Barangay Cataggaman Nuevo, Tuguegarao City.

I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING RESOLUTION WHICH WAS DULY PASSED AND APPROVED BY THE SANGGUNIANG BARANGAY OF CATAGGAMAN NUEVO, TUGUEGARAO CITY, ON THE DATE HEREIN STATED.

IOSE C. DAYAG, JR. Barangay becretary



Republic of the Philippines Province of Cagayan Tuguegarao City BARANGAY CATAGGAMAN NUEVO OFFICE OF THE PUNONG BARANGAY

CONCURRED BY:

HON. VICENTE M. ZINGAPAN, JR. Barangay Kagawad

HON. JESUS M LAMUD Barangay Kagawad

HON. RUFINO C. BARSABAL Barangay Kagawad

HON. ANTONIO T. TUMBALI Barangay Kagawad

HON. PACER C. APOSTOL Bardngay Kagawad

HON. JESUSA C. BACUD Barangay Kagawad

HON. LUZ A. CALLO Barangay Kagawad

HON. SANJO C. SORIANO SK Charperson

**ATTESTED BY:** 

HON. WALDOL. ZINGAPAN Punong Barangay



Province of Cagayan Tuguegarao City BARANGAY CATAGGAMAN NUEVO OFFICE OF THE PUNONG BARANGAY

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE BARANGAY COUNCIL HELD ON JUNE 1, 2024 AT THE BARANGAY CATAGGAMAN NUEVO SESSION HALL.

PRESENT: HON. WALDO L. ZINGAPAN

HON. VICENTE M. ZINGAPAN, JR. HON. PATRICKSON C. APOSTOL HON. JESUS M. LAMUD HON. JESUSA C. BACUD HON. RUFINO C. BARSABAL HON. LUZ A. CALLO HON. ANTONIO T. TUMBALI HON. SANJO C. SORIANO OTHER PRESENT MR. JOSE C. DAYAG, JR MS. JOCELYN T. ALOBBA Punong Barangay / Presiding Officer Barangay Kagawad SK Chairperson

Barangay Secretary Barangay Treasurer

RESOLUTION NO. <u>13</u> Series of 2024

# A RESOLUTION AUTHORIZING PUNONG BARANGAY WALDO L. ZINGAPAN OF BARANGAY CATAGGAMAN NUEVO, TUGUEGARAO CITY, CAGAYAN TO ENTER INTO A CONTRACT

WHEREAS, Barangay Cataggaman Nuevo, Tuguegarao City, Cagayan, has the authority to enter into contracts for the benefit of the barangay;

WHEREAS, Section 22(c) of Republic Act No. 7160, otherwise known as the "Local Government Code of 1991," grants the power to the Sangguniang Barangay to authorize the Punong Barangay to enter into contracts in behalf of the barangay;

WHEREAS, the Sangguniang Barangay of Cataggaman Nuevo has deemed it necessary to authorize the Punong Barangay to enter into contracts for specific purposes beneficial to the barangay;

WHEREAS, the Sangguniang Barangay finds it in the best interest of Barangay Cataggaman Nuevo to authorize Punong Barangay Waldo L. Zingapan to enter into such contracts;

**NOW THEREFORE**, on motion of Sangguniang Barangay Member Vicente Jr. M. Zingapan with unanimous accord of the members of the Sangguniang Barangay present; be it:

RESOLVED, as it is hereby RESOLVED, to authorize Punong Barangay Waldo L. Zingapan to enter into contracts on behalf of Barangay Cataggaman Nuevo,



Tuguegarao City, Cagayan, under the terms and conditions that he may deem just and reasonable.

**RESOLVED FURTHER,** that this authority shall cover contracts necessary for the implementation of barangay projects and activities that have been approved by the Sangguniang Barangay.

**RESOLVED FINALLY**, that copies of this resolution be furnished to all concerned agencies and entities for their information and appropriate action.

**RESOLVED, as it is hereby RESOLVED**, to earnestly approve A Resolution Authorizing Punong Barangay Waldo L. Zingapan of Barangay Cataggaman Nuevo, Tuguegarao City, Cagayan to enter contract

**UNANIMOUSLY APPROVED** this 1<sup>st</sup> day of June 2024, by all the present members of the Sangguniang Barangay of Barangay Cataggaman Nuevo, Tuguegarao City.

I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING RESOLUTION WHICH WAS DULY PASSED AND APPROVED BY THE SANGGUNIANG BARANGAY OF CATAGGAMAN NUEVO, TUGUEGARAO CITY, ON THE DATE HEREIN STATED.

IOSE C. DAYAG, JR. Barangay Secretary



### Republic of the Philippines Province of Cagayan Tuguegarao City BARANGAY CATAGGAMAN NUEVO OFFICE OF THE PUNONG BARANGAY

CONCURRED BY:

HON. VICENTE M. ZINGAPAN, JR. Barangay Kagawad

HON. JESUS M. LAMUD Barangay Kagawad

HON. RUFINØ 2. BARSABAL Barangay Kagawad

HON. ANFONIO T. TUMBALI Barangay Kagawad

ATTESTED BY:

HON. PATRICKSON C. APOSTOL Barangay Kagawad

HON. JESUSA C. BACUD Barangay Kagawad

nn HON. LUZ A. CALLO

Barangay Kagawad

HON, SANJO C. SORIANO SK Chairperson

HON. WALD . ZINGAPAN Punong Barangay



This certifies that

# JOSEPHINE AMUSEMENT PLACE

(REGIONAL)

REGION II (CAGAYAN VALLEY)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 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

# **JOSEPHINE GUITERING RAMIREZ**

is valid from 19 June 2024 to 19 June 2029 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 19 June 2024 in the Philippines.

Secretary

## Business Name No.6237402

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



RPQF292016433440

Documentary Stamp Tax Paid Php 30.00

# MEMORANDUM OF AGREEMENT For PERYAHAN SA BARANGAY

This Memorandum of Agreement (MOA) is made and executed at the City of Tuguegarao, Province of Cagayan, this JUNE 28, 2024, by and between

**BARANGAY CATAGGAMAN NUEVO**, duly represented by the **PUNONG BARANGAY**, **HON. WALDO L. ZINGAPAN** with postal address at Zone 03 Old Provincial Road, Cataggaman Nuevo, Tuguegarao City hereinafter, **BARANGAY** 

-and-

JOSEPHINE G. RAMIREZ, OPERATOR with postal address at Balzain East, Tuguegarao City, Cagayan hereinafter OWNER.

The purpose of this **MOA** is to acknowledge a **PERYAHAN SA BARANGAY**, whereby the **BARANGAY** will be provided an AMUSEMENT PLACE as part of the barangay fiesta celebration.

Wherefore, the **BARANGAY** accepted the offer of the **OPERATOR** subject to the following terms and conditions;

### 1. Term

a) The term of the MOA shall begin upon the approval of operation. This MOA continues until terminated by BARANGAY or PERYAHAN OPERATOR as described in this MOA.

### 2. Responsibilities of the Barangay

- a) Assure that shall be in charge of the peace and order.
- b) The Punong Barangay shall assign Barangay Tanods and Sangguniang Barangay Members that will secure the premises including the public visiting these places.
- c) Conduct daily visits to the location of the Peryahan sa Barangay to monitor and ensure the Operator's compliance with local regulations.
- d) Maintain the CLEANLINESS and ORDERLINESS of the area.

#### **3. Responsibilities of PERYAHAN OPERATOR**

- a) Allow public access as an amusement as well as a recreational and social activity.
- b) Ensure the provision of smooth and reliable services.
- c) See to it that cleanliness of the premises are maintained and that garbage are properly segregated and disposed.
- d) Notify the **BARANGAY**, in advance, of any CONCERNS regarding the operation of the PERYAHAN sa Barangay for immediate resolution.

#### 4. Termination

a) This MOA can be terminated by PERYAHAN OPERATOR or the BARANGAY by giving the other party fifteen (15) days prior written notice of intent to terminate.

### 5. Entire MOA

a) This MOA constitutes the entire MOA between the parties. This MOA may be modified or amended only by the written agreement of PERYAHAN OPERATOR and the BARANGAY.

IN WITNESS THEREOF, the parties have here unto signed this Memorandum of Agreement on this, JUNE 28, 2024 at CATAGGAMAN NUEVO, TUGUEGARAO CITY, CAGAYAN.

2411-02 JOSEPHII GUITERING RAMIREZ HON. WALDOL. ZINGAPAN **Owner/Operator** Punong Barangay Signed in the presence of: ACKNOWLEDGEMENT

Republic of the Philippines) Tuguegarao City, Cagayan ) s.s.

BEFORE ME, as Notary public for and in the City of Tuguegarao this 28<sup>th</sup> day of June, 2024, personally appeared the following:

| NAME                 | VALID IDENTIFICATION<br>NUMBER    | DATE OF ISSUE &<br>PLACE OF<br>ISSUANCE |
|----------------------|-----------------------------------|---|
| WALDO L. ZINGAPAN    |                                   |   |
| JOSEPHINE G. RAMIREZ | Anil Sale 110 4174-9658-0148-6739 | 2-4-20202                               |

Known to me to be the same persons who executed the foregoing instrument and acknowledged that the same is their free act and voluntary deed. They further acknowledge to me they affix their signatures above their names for the purpose for which the above instrument is intended.

This instrument consisting of two (2) pages, including the page which this acknowledge is written has been signed on the left margin of each and every page thereof by the parties and their witnesses.

WITNESS MY HAND AND NOTARIAL SEAL

DOC NO. 475; PAGE NO. 88; BOOK NO. 1075; SERIES OF 1075

12:01.45 Motory Passes 111.111 Monartan 1021-02 Volid web the contra Roll of atterney Mir. 18P OR No. 332261/12-56.2013 PTR OR No. 3351040/01-02-2024 MCLE Compliance B V M. Ava

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF TRANSPORTATION LAND TRANSPORTATION OFFICE DRIVER'S LICENSE Lest Name - First Name - Middle Name ZINGAPAN, WALDO LOPEZ Nationality Sex Date of Birth Weight (kg) Height(m) PHL M 1968/02/27 85 1.72 Address 111 OLD PROVINCIAL ROAD CATAGGAMAN DUEVO, TUGUEGARAO CITY, CAGAYAN Lisense flo. Expiration Date Agency Code 804-95-032870 2027/02/27 B08 Bloch Lype A 日+ Eyes Color BLACK ATTY, VIGOR, D. MENDOZA II Assistant Secretary for D' Godes A.A 1.B.91 Conditions 1 Signature of Licensee L.D.L.CODES A. //OINFECTE A. //OINFECTE D. UPI DESSO VESTWAY 9 SCA15 D. UPI DESSO VESTWAY 9 REDRE SCATS D. CODES 3950 VESTWAY D. CO L1,17,L3 PL-MT/AT 14,15,16,17 FL-MT/AT M1-FL-MT/AT M2-FL-MT/AT 13 III ORGAN DONATION: IVII LAOF DOVINA: ANY ORGAN IVIII LAOF DOVINA: ANY ORGAN IVIII CASE OF EMERGENOV MOTIFY: NAMEZRICAFANI, IREGNE ADAREZS: OXIAGADANI ILUPO, TUGUEGARAO CITY ADARESS: OXIAGADANI ILUPO, TUGUEGARAO CITY TEL. IAO: OYAGADASOTOS CE ANTOURIEU CASUA A CONTRACTOR Solial Number 357727452 ion i 

10

....

· · · ·

.

REPUBLIKA NG PILIPINAS Republic of the Philippines PAMBANSANG PAGKAKAKILANLAN Philippine Identification Card 4174-9658-0548-6739 Apalyido/Last Name RAMIREZ Mga Pangalan/Given Names JOSEPHINE Gitnang Apelyido/Middle Name GUITERING Petsa ng Kapanganakan/Date of Birth MAY 08, 1977 Tirahan/Address 14 ZONE 6, CENTRO 11, TUGUEGARAU CITY, CAGAYAN 12

Araong pagt Stoach/Bate chines UG FEBRUARY 2022 Resarian/Sev FEMALE Uring Dugo/Blood Type O Kalagayang Sibil/Marital Status MARRED Lugar ng Kapanganakain/Plase of furth TUGUEGARAO CITY, CAGAYAN If Jound, plaase recum to the nearest psA office. WWW, psa.glov.ph If Jound, plaase recum to the nearest www.psa.glov.ph If Jund, plaase recum to the nearest www.psa.glov.ph If Jund, plaase recum to the nearest MARRED If Jound, plaase recum to the nearest www.psa.glov.ph

J. Romitez g. Romitez g. Ramitez

# CONTRACT OF LEASE

### KNOW ALL MEN BY THESE PRESENTS:

I, ESTEBAN B. ACAIN, of legal age, single, Filipino citizen, with residence and postal address at Diversion Road, Ugac Norte, Tuguegarao City, Cagayan, for and in consideration of the agreements hereinafter mentioned, do hereby LEASE unto JOSEPHINE GUITERING RAMIREZ, of legal age, married to Benjie T. Ramirez, Filipino citizen, with residence and postal address at 14 Zone 06 Balzain East (Centro 11), Tuguegarao City, Cagayan, that certain building/house, together with the lot on which it stands, situated at Zone 07 Adducul Street, and more particularly described as follows, to wit:

#### **DESCRIPTION OF PROPERTY**

Of which I am the registered owner, in accordance with the provisions of the Land Registration Act, my title thereto being evidenced by Transfer *(or Original)* Certificate of Title No.7766 with a Property Index No. 002-01-010-01-22;

That the term of this lease is  $\underline{July \ \partial l, 2b2 \nu l - August 15, 2n2 \nu l}($  months/years, from and after the execution of this Contract of Lease, renewable at the will of both parties;

And, I JOSEPHINE GUITERING RAMIREZ for in consideration of this Contract of Lease, do hereby bind myself and promise to pay or cause to be paid unto the said LESSOR, ESTEBAN B. ACAIN, at the latter's residence a monthly rental of  $\frac{Wenty}{M}$  (hourand PESOS (P  $\frac{20}{M}$ ,  $\frac{1000}{M}$ ), during k0the period of this lease, payable in advance during the first five days of each and every month;

And it is hereby stipulated: That the LESSEE shall have no right to sublease the above premises without the written consent of the LESSOR; that the water, light, gas, and telephone charges in said premises shall be for the account of the LESSOR; that all ordinary expenses incurred or that may arise in the daily use of the toilet facilities and sewers in the premises shall be for the account of the LESSEE; and that any improvements made by the LESSEE in the above premises, and existing at the termination of the lessee, shall remain as the property of the LESSOR, without right to reimbursement to the lessee of the cost or value thereof.

IN WITNESS WHEREOF, the PARTIES hereto have hereunto set their hands on this 28<sup>th</sup> day of June, 2024 at Barangay Cataggaman Nuevo, Tuguegarao City, Cagayan, Philippines.

ESTER NB. ACAIN Aessor

JOSEPHINE GUITERING RAMIREZ Lessee

M.

SIGNED IN THE PRESENCE OF: LIBARSAL

### ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES) ) S.S.

I certify that on this date, before me, a notary public duly authorized in the city named above to take acknowledgements, personally appeared the following:

| Name                  | Competent Evidence                                   | Date/Place Issued      |
|-----------------------|--|------------------------|
| JOSE PHINE G. RAM'REI | of Identity<br>19hil 5ys - 4174 - 9458 - 0548 - 6739 | 02/06/2029 - Tug. City |
| ESTEBAN & ACATN       | D16-91-050035  | Ting. City             |

who were identified by me through the abovesaid competent evidence of identity to be the same person described in this verification, who acknowledged before me that his/her signature on herein instrument was voluntarily affixed by him/her for the purposes stated therein, and who declared to me that he/she has executed the instrument as his free and voluntary act and deed and that he/she has the authority to sign on behalf of his respective principal.

IN WITNESS WHEREOF, I hereunto set my hand and affix my notarial seal on the date and at the place above written.

Doc. No. 4444;Page No. 90;Book No. XV;Series of 2024

. W. C. G. G. S ALLY LLES Not 1024-02 Marginia Valid and Roll of Ann (1.1777). IBP CIR Mo. - 1. Ad (1.1777). 2023 PTR CIR Ma. (2.1042). (1.02.2024) WOLF Considered and the TWO

REPUBLIKA NG PILIPINAS Republic of the Philippines PAIMBANSANG PAGKAKAKILANLAN Philippine Identification Calo 4 4174-9658-0549-6739 Apolyido/Lost Name the se RAMIREZ Mga Pangalan/Given Numes JOSEPHINE Gitnang Apelyido/Middle Name GUITERING Petsa ng Kapanganakan/Date of Birth MAY 08, 1977 Tirahan/Addres 14 ZONE 6, CENTRO 11, TUGUEGARAD CITY, CAGAYAN (1)

...

14.1



g. Ramitez g. Ramitez g. Ramitez

<sup>7</sup> Republic of the Philippines Social Security System ESTEBAN B ACAIN 03-7024508-7 CARLOR & ARELLAND Plu. HEPUBLIC OF THE PHILIPPINES DEMATMENT OF TRANSPORTATION LAND TEAMSPORTATION OFFICE OFFICER'S LICENSE No. of Concession, State Lost Name. First Nave. Middle Name ACAIN, ESTEBAN BINARAO Nationality Sex Date of Birth Weight (kg) Height(n) PHL M 1963/12/26 65 1.73 at the PHL RI LAND LIGAC NORTE, 10, DIVERSION ROAD, UGAC NORTE, 10, DIVERSION ROAD, UCAC NORTE, 10, DIV Blood Type O-1-ATTY. IQBE ARIUNO HI TUDADE Asalstant Béorgiany Conditions NONE Signatura of Licaneca EL Codes A.A 1, B, B 1, B2



. . .

.

Province of Cagayan Tuguegarao City MEANGAY CATAGGAMAN NUEVO

OFFICE OF THE PUNONG BARANGA

**BAGONG PILIPINAS** 

HON, WALDO L. ZINGAPAN Punong Barangay

HON. VICENTE, JR. M. ZINGAPAN Chair Comm. on Finance and Appropriations

HON, PATRICKSON C. APOSTOL Chair Comm. on Health and Social Services

> HON, JESUS M, LAMUD Chair Comm, on Peace and Order

HON, JESUSA C. BACUD Chair Comm. on Environmental Protection

HON. RUFINO C. BARSABAL Chair Comm. on Trade Industry & Natural Resources

HON, LUZ A. CALLO Chair Comm. on Education and Culture

HON. ANTONIO T. TUMBALI Chair Comm. on Infrastructure

HON. SANJO C. SORIANO SK Chairperson Chair Comm. on Youth & Sports Development

JOSE C. DAYAG, JR. Barangay Secretary

JOCELYN T. ALOBBA Barangay Treasurer

ARISTOTLE C. BALTAZAR II Barangay Clerk

IGNACIO C. ZINGAPAN, JR. Barangay Clerk



Specimen Signature:

# **BARANGAY CERTIFICATION**

ninopines

### TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that JOSEPHINE G. RAMIREZ, peryahan operator that the operation of the Peryahan sa Barangay will be on July 1, 2024 untill August 15, 2024.

This certification is being issued upon the request of Josephine G. Ramirez peryahan operator.

Issued this 28<sup>th</sup> day of June 2024 at Barangay Cataggaman Nuevo, Tuguegarao City, Cagayan.

WALDOL, ZINGAPAN Punong Barangay

|  | BUSIN' SS PERMITS AND  | LICENSING O  | and the second se  | Street and  | when purfit in the state of the  |  | men - Parton | diyi Anan ana ana ana a |  |  |         |                         |         |          |   |
|--|--|--|--|---|--|--|--------------|-------------------------|--|--|---------|-------------------------|---------|----------|---|
| 1       Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.       Image: Complete and properly filled out.         2       Ensure that all documents attached to this form (if any) are complete and properly filled out.       Image: Complete and properly filled out.         3       Please update; correct error, if any; supply lacking data mark "?".       Image: Complete and properly filled out.         4       PPLICANT SECTION       Image: Complete and properly filled out.         1       NEW       RENEWAL       MODE OF PAYMENT:       Annuality       Complete Section Complete and properly filled out.         1       NEW       RENEWAL       MODE OF PAYMENT:       Annuality       Complete Section Complete Section Complete Section Complete Section Non:         1       Date of Application :       Image: Complete Section Non:       Dete Standol in the City :       The Section Non:       Cooperation         7       O Business:       Single       Partmership       Corporation       Cooperation         7       O Single       Partmers  |  |  | APPLIC/  |   |  |  | S PERM       | 1IT                     |  |  |         |                         |         |          |   |
| 1 Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant. 2 Ensure that all documents attached to this form (if any) are complete and properly filled out. 3 Please update; correct error, if any; supply lacking data mark "?".      APPLICANT SECTION      BP No.      ABULICANT SECTION      BP No.      ABULICANT SECTION      BP No.      BE No.      BP No.      BE No.      BP No.      BP No.      BP No.      BE No.   | INSTRUCTIONS:  | and an   | the state of the s |   | - and - strange - strange  |  |              |                         | and the second designed of   |  |         | T                       | 1       | -        | -   |
| 2       Ensure that all documents attached to this form. (if any) are complete and properly filled out.       Image: Complete and properly filled out.         3       Please update; correct error, if any; supply lacking data mark "?".       Image: Complete and Properly filled out.         1. APPLICANT SECTION       Image: Complete and Properly filled out.       Image: Complete and Properly filled out.         1. APPLICANT SECTION       Image: Complete and Properly filled out.       Image: Complete and Properly filled out.         1. APPLICANT SECTION       Image: Complete and Properly filled out.       Image: Complete and Properly filled out.         1. APPLICANT SECTION       Image: Complete and Properly filled out.       Image: Complete and Properly filled out.         1. APPLICANT SECTION       Image: Complete and Properly filled out.       Image: Complete and Properly filled out.         Image: Complete and Properly filled out.       Image: Complete and Properly filled out.       Image: Complete and Properly filled out.         Type of Business:       Single       Partnership       Corporation       Comporation         To       Single       Partnership       Corporation       Comporation         To       Single       Partnership       Corporation       Complete And Properly Fig. APPLICE         Share (Fig and Fig an  | 1 Provide accurate info  |  | print legib  | ly to a   | void delays  | s. Incomp  | lete ap      | plicatio                | n form   | will b   | e       | 1                       | 1       |          | 1   |
| 3       Please update; correct error, if any; supply lacking data mark "?".       IP DETURE 100         I. APPLICANT SECTION       BP No.         I. BASIC INFORMATION       BP No.         I. NEW       RENEWAL       MODE OF PAYMENT :       Annually       General Annually       Quarterly         Date of Application :       DTI       SEC       DDA       OTHERS:         Cedula No.:       Date issued:       Date faited in the City :       Dete issued:       Date faited in the City :         Type of Business:       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Are done of faxpayer / Registrant       Stoppart / Registrant       No       No       No         Ast Name:       (J Sole only):       RENA (G RMIQE Z       First Name: J OSS PNIDE       Middle Name: GUNT RENA (G RMIQE Z       Internation on the City :       Internation on the City :         States Address:       Mane of Taxpayer / Registrant       LOCATION NAP       Internation on the City :       Internation on the City :         States Address:       Mane of Taxpayer / Registrant       LocATION NAP       Internation on the City :       Internation on the City :         State Conders F M MO       Building Nam   |  |  | 1. 11. 0   | 1.0   |  |  |              |                         | d aut  |  |         | 11                      | 1       |          |   |
| Image: Applicant SECTION       BP No.         Image: Application Section Sectin Sectin Section Section Section Section Sectin Sectio   |  |  |  |   |  |  | prope        | erly line               | a out.   |  |         | -                       |         | 1.46     | 1   |
| 1. BASIC INFORMATION   | 3 Please update; correc  | et error, if any   | ; supply lac   | king da   | ata mark "?'   |  |              |                         |  |  |         | L                       | ID PIC  | TURE 1   | X1  |
| 1. BASIC INFORMATION       MODE OF PAYMENT :       Annually       Semi-Annually       Quarterly         Date of Application :       DTI       SEC       CDA       OTHERS:         TIN No. :       Date issued:       Date issued:       Date issued:       Date issued:       Date issued:         Cadual No.:       Date issued:       Date issued:       Date issued:       Date issued:       Date issued:         Amendment:       From       Single       Partnership       Corporation       Cooporation         Amendment:       From       Single       Partnership       Corporation       Cooporation         Are you enjoying tax incentive from any Government Entity ?       YES       NO       No       No         Specie Name (/f Sole only):       SENJ (G       PATNIDE 2       Middle Name: GUTION MIAP       Id         Suitenship       Gender: F G       MidDle VC       Separated       Id  |  | and the second se  | h  |   |  | -  |              |                         | a war  |  |         | BF                      | No.     |          |   |
| Date of Application :       DTI       SEC       CDA       OTHERS:         TIN No. :       Registration No.:       Date issued:       Date issued:       Date issued:         Cedula No.:       Date issued:       Date Started In the City :       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Are you enjoying tax incentive from any Government Entity ?       YES       NO       Name of Taxpayer / Registrant         Last Name:       ADDI/S C       First Name: JOSS PHIDE /       Middle Name / First Name: JOSS PHIDE /       Iddde Name / First Name: JOSS PHIDE /       Iddde Name / First / Sub on/J: RSUN // Sub // Su   | 1. BASIC INFORM  | Provide Statements   |  |   |  |  |              |                         |  |  | _       |                         |         |          |   |
| Case of representation       Case of representation       Case of representation         Cedula No.:       Date issued:       Date Started in the City :       Date sume:         Type of Business:       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Are you enjoying tax incentive from any Government Entity ?       YES       NO       No         Are you enjoying tax incentive from any Government Entity ?       YES       NO         Spouse Name (f Sole only):       Stringle Widow/Widower Separated       Middle Name: CWIMAR P       Idoa Name         Distiness Name :       JOSS PNI DC AmUS, Tingly PLACE       Idoa Name       Idoa Name         Suisiness Name :       JOSS PNI DC AmUS, Tingly PLACE       Idoa Name       Idoa Name         Street / Subdivision / Barangay       Street / Subdivision / Barangay       Street / Subdivision / Barangay         Social Code:       Email Address:       Mobile No.:       Incease of email Address:       Idoa Name         Street / Subdivision / Barangay       Street / Subdivision / Barangay       Idoa Idoa Name       Idoa Idoa Idoa Name   | NEW  | RENEWA   | MODE   | E OF PA   | YMENT :  | Ann  | ually        | L                       | Sei  | mi-Annu  | ally    |                         | Qua     | arterl   | /   |
| Cedula No.:       Date Issued:       Date Started in the City :         Type of Business:       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Amendment:       From       Single       Partnership       Corporation       Cooperative         Are you enjoying tax incentive from any Government Entity ?       PtS       NO       Nome of Taxpayer / Registrant         .ast Name:       AMINES 2       First Name:       JOSE PHIDE       Middle Name: G/UTERNDQ Extension Name:         Spouse Name (# Sole only):       RENUE       Distribution Name (# Sole only):       RENUE       Decomporation         Divid Status:       Married Q Single       WidowWidower       Separated       Doce Ningle       Divid Status:         Susiness Name :       JOSE PHIDE A INUE (MSUF)       PLACE       Doce Ningle       Divid Status:         Prace Name / Franchise :       Doce Ningle       Street / Subdivision / Barangay       Doce Color         Cottler INFORMATION       Business Address:       No.       Building Name       Street / Subdivision / Barangay         Cotal Code:       Email Address:       Mobile No.:       Total No. of Employees Residing within in cos of Employees Residing within Etasubilivation / Ba  | Date of Application :  |  |  |   |  | DTI  |              | SEC                     | CD   | A  | OTH     | IERS:                   |         |          |   |
| Type of Business:       Single       Partnership       Corporation       Cooperative         Immendment:       From       Single       Partnership       Corporation         To       Single       Partnership       Corporation         Street / Subject       Middle Name:       GMITSRV       Email Address:         Single       Widow/Widower       Separated       Indepart 100 / 10   | ΓIN No. :  |  |  |   |  | Registrati   | ion No.:     |                         |  | Date Is  | ssued:  |                         |         |          |   |
| Type of basiness.       Single       Partnership       Corporation         To       Single       Partnership       Corporation         To       Single       Partnership       Corporation         Ve you enjoying tax incentive from any Government Entity ?       YES       NO         Namen of Taxpayer / Registrant       No       Nameno of Taxpayer / Registrant         ast Name: (# Sole anly):       RENNIE       RAMINES Z       Indele Name: (# Middle Name: G/#TEXNOV [Extension Name: JOSE PH1)) E         Spouse Name (# Sole anly):       RENNIE RZ       Middle Name: G/#TEXNOV [Extension Name: JOSE PH1 NE ATNUS [MSUT PLACE       Indele Name: JOSE PH1 NE ATNUS [MSUT PLACE         Visit Status:       Maried G Single       Widow/Widower Separated       Indele Name: JOSE PH1 NE ATNUS [MSUT PLACE         You Status:       Maried G Single       Widow/Widower Separated       Indele Name: JOSE PH1 NE ATNUS [MSUT PLACE         You Status:       Middle Name: JOSE PH1 NE ATNUS [MSUT PLACE       Indele Name: JOSE PH1 NE ATNUS [MSUT PLACE         You Status:       No. JEST PARTICE       Indele Name: JOSE PH1 NE ATNUS [MSUT PLACE         You Status:       No. Building Name       Street / Subdivision / Barangay         You Status:       No. Building Name       Street / Subdivision / Barangay         You Status:       No. Marese       Imal Address:   | Cedula No.:  | Date issu  | ed:  |   |  | Date Star  | ted in t     | he City :               |  |  |         |                         |         |          |   |
| Amendment:       From       Single       Partnership       Corporation         To       Single       Partnership       Corporation         To       Single       Partnership       Corporation         Are you enjoying tax incentive from any Government Entity ?       YES       NO         Name of Taxpayer / Registrant       Asst Name: CUSSPRIVE       No         Asst Name: (# Sole only):       Status       Bittidete:       OS-03-1977         Spouse Name (# Sole only):       Status       Maried & Single       Widdle Name: CUNTON NAPP         Otilizenship:       Gender: F.ZZ       Mill       Bitthdate:       OS-03-1977         Vill Status:       Maried & Single       WidowWidower   Separated         I.LOCATION NAPP         Susiness Name :       JOSSPHIDG ATDUSE INSUT PLACE       I.LOCATION NAPP         Prade Name / Franchise :       I.LOCATION       I.LOCATION         Business Address:       No.       Building Name       Street / Subdivision / Barangay         Postal Code:       Email Address:       Imail Address:       Imail Address:         Total No. of Employees in gam.       Mobile No::       no. assord for Mill Name:       Lessor's Email Address:         Total No. of Employees Residing within seasor's Full Address:       Mobile No::       no. fEmployees R  | Type of Business:  |  | Single   | Г   | Partners   | ship   | TT           | Corp                    | oration  |  |         | Cc                      | ooper   | ative    |   |
| To       Single       Partnership       Corporation         To       Single       Partnership       Corporation         Are you enjoying tax incentive from any Government Entity ?       YES       NO         Name of Taxpayer / Registrant       Extension Name:       Middle Name: GW1561240 [extension Name:         Comment (If Sole only):       BSDN [G       RAM(PEZ :       Middle Name:       GW1561240 [extension Name:         Dittership :       Cender: Fig. M       Birthdate:       05-03-1937       LocATION NAAP       Image: GW1561240 [extension Name:         Divid Status:       Married Z       Single       WidowWidower (extension Name:       Image: GW1561240 [extension Name:         Divid Status:       Married Z       Single (extension Name:       Sole only):       Gender:       Image: GW156240 [extension Name:         Divid Status:       Married Z       Single (extension Name:       Sole only):       Gender:       Image: GW156240 [extension Name:         Divid Status:       Married Z       Single (fig. Single) [fig. GW156240 [fig. Single) [fig. GW156240 [fig. Single) [fig. GW156240 [fig. Single] [fig. Single] [fig. Single] [fig. Single] [fig. Single] [fig. Si   |  |  |  |   |  |  | H            | -                       | at the state of th | and an and a state of the state | <u></u> |                         |         | -        |   |
| Are you enjoying tax incentive from any Government Entity?       YES       NO         Name of Taxpayer / Registrant       State of the state o   |  |  |  |   |  |  | H            |                         |  | - 15   |         |                         |         |          |   |
| Name of Taxpayer / Registrant         Name of Taxpayer / Registrant         Last Name: JOSE PHI DE       Middle Name: G///JERN/G Extension Name:         Spouse Name (// Sole only):       PENN (E) PAIN (PE 2)       Inded entropy (PENN (E) PAIN (PE 2)       Inded entropy (PENN (E) PAIN (PE 2)         Spouse Name (// Sole only):       PENN (E) PAIN (PE 2)       Inded entropy (PENN (E) PAIN (PE 2)       Inded entropy (PENN (E) PAIN (PE 2)         Children Strates:       Main of Sole (PENN (E) PAIN (E) PA  | and an and a second   |  |  |   |  |  | H            |                         | oration  |  |         |                         |         |          | _   |
| ast Name: RAMDIKSZ       First Name: JOSSPH1DE       Middle Name: GWIRKNOG Extension Name:         Spouse Name (# Sole only):       Birthdate: 05 - 03 - 1977       I       I       IOOATTON NAP         Spouse Name (# Sole only):       Birthdate: 05 - 03 - 1977       I       I       IOOATTON NAP         Switzenship:       Cender: Fize Mill Birthdate: 05 - 03 - 1977       I       I       IOOATTON NAP         Switzenship:       Cender: Fize Mill Birthdate: 05 - 03 - 1977       I       I       IOOATTON NAP         Switzenship:       Cender: Fize Mill Birthdate: 05 - 03 - 1977       I <td< td=""><td>Are you enjoying tax incentive</td><td>e from any Gov</td><td></td><td></td><td></td><td></td><td>Ļ</td><td>NO</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  | Are you enjoying tax incentive   | e from any Gov   |  |   |  |  | Ļ            | NO                      |  |  |         |                         |         |          |   |
| Spouse Name (if Sole only):       SSNS (6       RAM(BE 2       ILDCATION NIAP         Sitternship:       Gender: F and Mill Birthdate:       Separated       ILDCATION NIAP         Sitternship:       Gender: F and Mill Birthdate:       Separated       ILDCATION NIAP         Suiternship:       Gender: F and Miller Street / Subolivision / Barangay         rade Name / Franchise:       ILDCATION NIAP         2. OTHER INFORMATION         Business Address:       No.         Business Address:       No.         Separated       Email Address:         Celephone No::       Of 2.02 400 20 139         Mobile No::       Mobile No::         Ocase of emergency, provide name of contact person:       Email Address:         Celephone Mobile No::       Mobile No::         Ocase of emergency, provide name of storeys :       Total No. of Employees in LiGU :         Idex of a Business Actra (In)       Number of Storeys :       Total No. of Employees in LiGU :         Idex of a Business Acta (In)       No. of Units       Genos/s Email Address:         Secor's Email Address:       Mosthy Rental: P       Tet/ Mobile No::         Ocase of emergency, provide name of contact person:       Essor's Email Address:         Secor's Full Address:       Mobile No::       Capitalization (for New Business)   | DIMINE DIMINES   |  | Na   | me of   | Taxpayer   | Registra   | ant          | N                       | CLAT   | 011)(.)  | Entra   |                         |         |          |   |
| itizenship: Gender: F 2   iviii Status: Married 2   single Widow/Widower   Separated   iviii Status: Jobs   iviii Status: No.   Business Address:   No. Building Name   Street / Subdivision / Barangay   ostal Code:   elephone No.:   OP 2/2 4/0 30 1/39   Mobile No.:   Oord Residence Address:   elephone No.:   Of Social Code:   elephone No.:   ostal Code:   elephone No.:   Of Social Code:   elephone No.:   ostal Code:   elephone No.:   name of contact person:   elephone No.:   name of storeys:   Total No. of Employees in<br>Establishment:   name of Business   sager's Full Address:   sassor's Full Address:   sassor's Full Address:   sassor's Full Address:   Inter of Business   No. of Units   Capitalization   (for New Business)   Essential   Non-Essential   Intin   |  | DENIE  |  |   | CLUIDE   | in and the second s | Middle       |                         |  |  |         |                         |         | ie:      | 1   |
| Wildow/Widower       Separated       Image: S   |  |  |  |   | 05-02-   | EFDI   |              |                         | LUY  | any  | NIN     | (LAN)                   | -       |          |   |
| usiness Name :       JOSEPHINE AMUSE MEDT PLACE         rade Name / Franchise :       Image: Street / Subdivision / Barangay         2. OTHER INFORMATION         Business Address:       No.         No.       Building Name         Street / Subdivision / Barangay         ostal Code:       Email Address:         elephone No.:       OP 2/2 4/0 30 139         oome / Residence Address :       MV 5-5- vando Libon St. Balzain 6ast, 100, Cdry         costal Code:       Email Address:         elephone No.:       OP 3/2 4/0 30 139         costal Code:       Email Address:         elephone No.:       Mobile No.:         case of emergency, provide name of contact person:       Email Address:         elephone/Mobile No.:       OP 5/3 2/4 15 (2)         fotal Business Area (in<br>segor's Full Name:       Lessor's Email Address:         ussor's Full Address:       Monthly Rental: P         Tell Jub Only if Business Place is Rented       Essor's Email Address:         ussor's Full Address:       Monthly Rental: P         tailer       WholeSaler       Inon-Essential         undefined for New Business)       Essential       Non-Essential         stailer       WholeSaler       Inon-Essential       Inon-Essential         intractor  |  | And in case of the owner   |  |   |  |  |              |                         |  |  | +       |                         | -       |          | -   |
| 2. OTHER INFORMATION         Business Address:       No.         Business Address:       No.         Business Address:       Email Address:         elephone No.:       OP 326 46 30 139         Nome / Residence Address:       Mobile No.:         Bostal Code:       Email Address:         elephone No.:       OP 326 46 30 139         Sostal Code:       Email Address:         elephone No.:       Mobile No.:         acse of emergency, provide name of contact person:       Email Address:         elephone/Mobile No.:       OP 32 284 15 6 3         acse of emergency, provide name of contact person:       Email Address:         elephone/Mobile No.:       OP 53 284 15 6 3         acse of emergency, provide name of contact person:       Email Address:         otse Fill Up Only if Business Place is Rented       Establishment :         besor's Full Name:       Lessor's Email Address:         essor's Full Name:       Lessor's Email Address:         assor's Full Address:       Monthy Rental: P         Tel / Mobile No.:       Tel / Mobile No.:         3. BUSINESS ACTIVITY       Capitalization (for New Business)         Line of Business       No. of Units       Capitalization (for New Business)         Distributor/Molesaler/Retaller/  | in utaliant  | second and the second se  | the second design of the secon | the second se | And the owner water and the owner water and the owner of the owner of the owner of the owner owner owner owner   |  |              |                         |  |  | -       | $\square$               | _       |          | -   |
| Business Address:       No.       Building Name       Street / Subdivision / Barangay         Postal Code:       Email Address:         relephone No.:       O9 2/2 4/0 3/0 1/39       Mobile No.:         Omme / Residence Address :       HV Scryando Likon St. Balzon bast, Ilg, Cdy         Postal Code:       Email Address:         relephone No.:       Mobile No.:         n case of emergency, provide name of contact person:       Email Address:         relephone/Mobile No.: O9 53 2/3/15 (20)       Email Address:         Total Business Area (in sq m.):       Number of Storeys :       Total No. of Employees in Establishment :         Lote: Fill Up Only If Business Place is Rented       Establishment :       LGU :         essor's Full Address:       Monthy Rental: P       Tot / Mobile No.:         3. BUSINESS ACTIVITY       Capitalization (for New Business)       Gross/Sales Receipts (for Renewal)         Line of Business       No. of Units       Capitalization (for New Business)       Essential       Non-Essential         tanufacturer       Contractor/Service       Establiohymetres (Sou to 2,000       Zou to 10,000   | rade Name / Franchise :  | and the second   |  |   |  |  |              |                         |  |  |         |                         |         |          |   |
| Business Address:       No.       Building Name       Street / Subdivision / Barangay         Postal Code:       Email Address:         relephone No.:       O9 2/2 4/0 3/0 1/39       Mobile No.:         Omme / Residence Address :       HV Scryando Likon St. Balzon bast, Ilg, Cdy         Postal Code:       Email Address:         relephone No.:       Mobile No.:         n case of emergency, provide name of contact person:       Email Address:         relephone/Mobile No.: O9 53 2/3/15 (20)       Email Address:         Total Business Area (in sq m.):       Number of Storeys :       Total No. of Employees in Establishment :         Lote: Fill Up Only If Business Place is Rented       Establishment :       LGU :         essor's Full Address:       Monthy Rental: P       Tot / Mobile No.:         3. BUSINESS ACTIVITY       Capitalization (for New Business)       Gross/Sales Receipts (for Renewal)         Line of Business       No. of Units       Capitalization (for New Business)       Essential       Non-Essential         tanufacturer       Contractor/Service       Establiohymetres (Sou to 2,000       Zou to 10,000   |  |  |  |   |  |  |              |                         |  |  |         |                         |         |          |   |
| No.       Building Name       Street / Subdivision / Barangay         Postal Code:       Email Address:         Pelephone No.:       OP 2/2 4/2 30 / 39         Mobile No.:       Mobile No.:         Postal Code:       Email Address:         Postal Code:       Imail Address:         Postal Code:       Email Address:         Postal Code:       Email Address:         Total Business Area (in sq m.):       Number of Storeys :         Ital Business Area (in sq m.):       Number of Storeys :         Ital Business Place is Rented       Essor's Email Address:         essor's Full Name:       Lessor's Email Address:         Business       No. of Units         Capitalization       Gross/Sales Receipts (for Renewal)         Itan adacturer       Contractor/Service         Itanufacturer       Contractor/Service         Istributor/Who   | 2. OTHER INFORM  | ATION  |  |   |  |  | - 1          |                         |  |  | 1       | a line                  |         | 1.12     |   |
| Postal Code:       Email Address:         Telephone No.:       OP 2/2/2/4/2/03/01/39       Mobile No.:         Home / Residence Address :       HV Servano Libon St. Balzain Sast, Jug. City         Postal Code:       Email Address:         Total Code:       Email Address:         Personal Address:       Mobile No.:         In case of emergency, provide name of contact person:       Mobile No.:         Postal Code:       Email Address:         Total Business Area (in sq m.):       Number of Storeys :       Email Address:         Intersection of Soreys :       Total No. of Employees in Establishment :       No. of Employees Residing within LGU :         Lote: Fill Up Only if Business Place is Rented       Essor's Email Address:       Essor's Email Address:         essor's Full Name:       Lessor's Email Address:       Essor's Email Address:         BUSINESS ACTIVITY       Line of Business       No. of Units       Capitalization (for New Business)       Gross/Sales Receipts (for Renewal)         Etailer       WholeSaler       Intracturer Contractor/Service       Intracturer Food       Intracturer       Intracturer       Storage: Combustile Materials/Liters/         Selling/Financial Institution       Intractor Food       Intractor Food       Storage: Combustile Materials/Liters/         Selling/Serving       Description of Goods   | Business Address:  |  |  | N   |  |  |              | Street /                | Subdiv   | ision / P  | laran   | aav                     |         |          |   |
| elephone No.:       OP 20 40 30139       Mobile No.:         Home / Residence Address :       HU Servando Libon St. Balzoin Fast, Jug. Cdy         Jostal Code:       Email Address:         elephone No.:       Mobile No.:         n case of emergency, provide name of contact person:       Mobile No.:         elephone/Mobile No.:       OP 32 284 15 63         n case of emergency, provide name of contact person:       Email Address:         elephone/Mobile No.:       OP 32 284 15 63         Total Business Area (in sq m.):       Number of Storeys :         Same:       Establishment :         essor's Full Name:       Lessor's Email Address:         essor's Full Name:       Lessor's Email Address:         BUSINESS ACTIVITY       Ine of Business         Line of Business       No. of Units       Capitalization (for New Business)         etailer       WholeSaler       Inon-Essential         Ianufacturer       Contractor/Service       Inon-Essential         Distributor/Wholesaler/Retailer/       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         Iling/Garette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000   |  | No.  | Buildir  | ng Name   | 9  | Email Add  | ress.        | Sueer                   | Suburv   | 1510117  | alan    | yay                     |         |          |   |
| Home / Residence Address : HU Scryando Libon St. Balzain bast, Jug. Gdy         Jostal Code:       Email Address:         Jostal Code:       Email Address:         Gelephone No.:       Mobile No.:         In case of emergency, provide name of contact person:       Email Address:         elephone/Mobile No.: OG 5.3 2.84 15 (2)       Email Address:         Total Business Area (in sq m.):       Number of Storeys :       Total No. of Employees in Establishment :       No. of Employees Residing within LGU :         Jost: Fill Up Only if Business Place is Rented       Essor's Email Address:       Essor's Email Address:         essor's Full Name:       Lessor's Email Address:       Essor's Email Address:         essor's Full Address:       Monthly Rental: P       Tel / Mobile No.:         3. BUSINESS ACTIVITY       Capitalization (for New Business)       Gross/Sales Receipts (for Renewal)         Line of Business       No. of Units       Capitalization (for New Business)       Essential       Non-Essential         andk/Financial Institution  |  | 646201   | 30   |   |  |  |              |                         |  | _  |         |                         |         |          | and the second se |
| tostal Code:       Email Address:       C         elephone No.:       Mobile No.:       Mobile No.:         in case of emergency, provide name of contact person:       Email Address:         elephone/Mobile No.:       O 5 3 2 & 15 & 23         Total Business Area (in sq m.):       Number of Storeys :       Total No. of Employees in Establishment :       No. of Employees Residing within LGU :         segor's Full Name:       Lessor's Email Address:       Establishment :       LGU :         sesor's Full Name:       Lessor's Email Address:       Establishment :       P         sesor's Full Address:       Monthly Rental:       P       Tel / Mobile No.:         3. BUSINESS ACTIVITY       Capitalization (for New Business)       Gross/Sales Receipts (for Renewal)         etailer       WholeSaler       Imark/Financial Institution       Imark/Financial Institution         ank/Financial Institution       Imark/Financial Institution       Imark/Financial Institution       Imark/Financial Institution         Distributor/Wholesaler/Retailer/       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials/Liters)         Iliquer       Cigarette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000  |  |  |  | -i ban  | St. Bal  |  |              | 1a. Cit                 | и  |  |         |                         |         |          |   |
| n case of emergency, provide name of contact person:<br>elephone/Mobile No.: OG 53 2 & 15 & Email Address:<br>Total Business Area (in sq m.): Number of Storeys : Total No. of Employees in Establishment : No. of Employees Residing within LGU :<br>ote: Fill Up Only if Business Place is Rented<br>assor's Full Name: Lessor's Email Address:<br>Besor's Full Address: Monthly Rental: P Tel / Mobile No.:<br>3. BUSINESS ACTIVITY<br>Line of Business No. of Units Capitalization Gross/Sales Receipts (for Renewal)<br>(for New Business) Essential Non-Essential<br>tanufacturer Contractor/Service Internation Gross/Sales Receipts (for Renewal)<br>Distributor/Wholesaler/Retailer/<br>Selling/Serving Description of Goods/Services Delivery Service Vehicles (Count) Storage: Combustile Materials(Liters)<br>I une of Primary: Single motor: 4 wheelers: 500 to 2,000 20,001 to 50,000 [  |  |  | 1. 1. 2. 2. 2.   |   |  |  |              | 0                       | -  |  |         |                         |         |          |   |
| elephone/Mobile No.:       Og 53 2 & 15 & 3       Email Address:         Total Business Area (in<br>sq m.):       Number of Storeys :       Total No. of Employees in<br>Establishment :       No. of Employees Residing within<br>LGU :         ote: Fill Up Only if Business Place is Rented         assor's Full Name:       Lessor's Email Address:         essor's Full Address:       Monthly Rental: P       Tel / Mobile No.:         3. BUSINESS ACTIVITY       Ine of Business       No. of Units       Capitalization<br>(for New Business)       Gross/Sales Receipts (for Renewal)         etailer       WholeSaler       Interface       Interface       Interface         Distributor/Wholesaler/Retailer/<br>Selling/Serving       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         Iiquor       cigarette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000   | elephone No.:  | and the second s |  |   |  | Mobile No  | .:           |                         |  |  |         |                         |         |          |   |
| Total Business Area (in<br>sq m.):       Number of Storeys :       Total No. of Employees in<br>Establishment :       No. of Employees Residing within<br>LGU :         ote: Fill Up Only if Business Place is Rented  | the second se  |  | of the local division of the local divisiono |   |  |  |              |                         |  |  |         |                         |         |          |   |
| sq m.):       Number of Storeys :       Establishment :       LGU :         ote: Fill Up Only if Business Place is Rented  |  | 5328413  | 263  |   |  |  | ress:        |                         |  |  |         |                         |         |          |   |
| essor's Full Name: Lessor's Email Address: Monthly Rental: P Tel / Mobile No.:  a. BUSINESS ACTIVITY  Line of Business No. of Units Capitalization (for New Business) Essential Non-Essential  etailer WholeSaler INDUCTION INTERCEDED  tanufacturer Contractor/Service INDUCTION INTERCEDED  tanufacturer Contractor/Service INDUCTION INTERCEDED  Distributor/Wholesaler/Retailer/ Selling/Serving Description of Goods/Services Delivery Service Vehicles (Count) Storage: Combustile Materials(Liters)  Iiquor cigarette Primary: single motor: 4 wheelers: 500 to 2,000 20,001 to 100,000   | sq m.) :   | 1.2  |  |   |  |  | -            |                         | No. of E   | mployee  | is Res  | siding                  |         | 1        |   |
| essor's Full Address: Monthly Rental: P Tel / Mobile No.:  3. BUSINESS ACTIVITY  Line of Business No. of Units Capitalization (for New Business) Essential Non-Essential  etailer WholeSaler I Non-Essential Insufacturer Contractor/Service I Institution Institution I Institution Distributor/Wholesaler/Retailer/ Selling/Serving Description of Goods/Services Delivery Service Vehicles (Count) Insufer I Institute Instit |  | s Place is Rent  | ed   |   |  | lines  | ne'e Em      | ail Addama              | e.,  |  |         |                         |         |          |   |
| <b>3. BUSINESS ACTIVITY</b> Line of Business       No. of Units       Capitalization<br>(for New Business)       Gross/Sales Receipts (for Renewal)         etailer       WholeSaler       Non-Essential       Non-Essential         fanufacturer       Contractor/Service       Image: Contractor/Service       Image: Contractor/Service         fanufacturer       Contractor/Service       Image: Contractor/Service       Image: Contractor/Service         fileuror       Contractor/Service       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         Selling/Serving       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         liquor       cigarette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000         wood       motorized       6 8 wheelersum       2001 to 50,000       50,001 to 100,000       50,001 to 100,000  | in the second  |  |  |   | and the second |  |              |                         | 3.   | Tel/M  | ohile   | No '                    |         |          |   |
| Line of Business       No. of Units       Capitalization<br>(for New Business)       Gross/Sales Receipts (for Renewal)         etailer       WholeSaler       Non-Essential       Non-Essential         lanufacturer       Contractor/Service       Image: Contractor/Service       Image: Contractor/Service         ank/Financial Institution       Image: Contractor/Service       Image: Contractor/Service       Image: Contractor/Service         Distributor/Wholesaler/Retailer/<br>Selling/Serving       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         liquor       cigarette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000   | and the second | MITY   |  |   | -  | INIONU   | ny Rem       | idi. r                  | -  | LIGITION   | opile I | 10.,                    |         |          |   |
| Line of Business     No. of Units     (for New Business)     Essential     Non-Essential       etailer     WholeSaler     Image: Contractor/Service     Image: Contractor/Service     Image: Contractor/Service       lanufacturer     Contractor/Service     Image: Contractor/Service     Image: Contractor/Service     Image: Contractor/Service       ank/Financial Institution     Image: Contractor/Service     Image: Contractor/Service     Image: Contractor/Service       Distributor/Wholesaler/Retailer/<br>Selling/Serving     Description of Goods/Services     Delivery Service Vehicles (Count)     Storage: Combustile Materials(Liters)       Iiquor     cigarette     Primary:     single motor:     4 wheelers:     500 to 2,000     20,001 to 50,000       Iwee     Image: Contractor     Image: Contractor     Image: Contractor     Storage: Contractor     Storage: Contractor   |  |  |  | (   | Capitalizatio  | on   | 1            | Gross                   | /Sales   | Receip   | ts (fr  | or Re                   | enew    | al)      |   |
| Ianufacturer       Contractor/Service       Image: Contractor/Service         ank/Financial Institution       Image: Contractor/Service       Image: Contractor/Service         Distributor/Wholesaler/Retailer/       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         Selling/Serving       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         Iliquor       cigarette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000         Incompose       Description       Secondary       Imaterials(Liters)       500 to 2,000       20,001 to 50,000       100,000   | Line of Busines  | SS   | No. of Units   |   |  |  |              |                         | The second s   |  |         |                         |         |          |   |
| ank/Financial Institution  Distributor/Wholesaler/Retailer/ Selling/Serving  Description of Goods/Services  Delivery Service Vehicles (Count)  Storage: Combustile Materials(Liters)  Iiquor  cigarette  Primary:  single motor:  4 wheelers:  500 to 2,000  20,001 to 50,000  | and the second | Colore Colore Colore Colore Colore   |  | L-lon   |  |  |              |                         |  |  |         |                         |         |          |   |
| Distributor/Wholesaler/Retailer/<br>Selling/Serving     Description of Goods/Services     Delivery Service Vehicles (Count)     Storage: Combustile Materials(Liters)       liquor     cigarette     Primary:     single motor:     4 wheelers:     500 to 2,000     20,001 to 50,000     100,000  |  | tor/Service  |  |   |  |  |              |                         |  |  | -       |                         |         |          |   |
| Distributor/Wholesaler/Retailer/<br>Selling/Serving       Description of Goods/Services       Delivery Service Vehicles (Count)       Storage: Combustile Materials(Liters)         liquor       cigarette       Primary:       single motor:       4 wheelers:       500 to 2,000       20,001 to 50,000       100,000         voc       Description       Secondary:       motorized       6 subselerve:       2 001 to 5 000       50,001 to 100,000  | and the second |  |  | 0   |  |  |              |                         |  |  |         | Managartation (e. A. in |         |          | interest on the   |
| Selling/Serving         Description or Goods/Services         Delivery Service Venicies (County)         Storage: Computation or Goods/Services           liquor         cigarette         Primary:         single motor:         4 wheelers:         500 to 2,000         20,001 to 50,000         20,001 to 50,000   |  | /  |  |   | 1  |  |              |                         |  |  |         |                         |         |          |   |
| liquor     cigarette     Primary:     single motor:     4 wheelers:     500 to 2,000     20,001 to 50,000       hyper     motorized     6 8 wheelers in the second and its in t  |  | Descriptio   | on of Goods/Sei  | rvices  | Delivery !   | Service Vehic  | les (Cour    | nt)                     | S  | torage: C  | ombu    | stile N                 | Aateria | als(Lite | ers)  |
| 12 001 to 5 000 1 1 150 001 to 100 000   |  | Primary:   |  |   |  | 4 whee   | lers:        | 50                      | ) to 2,000   | Ľ  |         | 20,001                  | to 50,0 | 000      |   |
| Incycle:   | ] yes 🔲 no 🗌 yes 🔲 no  | Secondary:   |  |   | tricvcle:  | 6-8 whe  | elers up:    |                         |  | Survey of the local division in which the  |         |                         |         | 000      |   |



I DECLARE, UNDER PAIN OF PERJURY, that this Application for New /Renewal of Mayor's Permit is made in good faith, verified by me and is, to the best of my knowledge and belief, true and correct and in accordance with the Local Government Code and regulations issued under authority thereof; and I hereby authorize the City Government to conduct verification and validation hereof. I AGREE that, in case I fail to obtain the Permit within the reglamentary period set by law,ordinance or regulation, I shall voluntary cease and desist from continuing with the operation of this business. Further, I agree to comply with the Togulatory and other deficiencies within 45 days from date of release of the business permit.

Released by:

| JOSEPHIDE G. PAMIREZ                              |  |
|---|--|
| SIGNATURE OF APPLICANT/TAXPAYER OVER PRINTED NAME |  |
| POSITION / TITLE                                  |  |

Date of Release

1

**Owner/ Representative** 

Received by:

|                             | TAX CERTIFICATE  | INDIVIDUAL        | CCI2022 08           | 3354183  |
|-----------------------------|--|-------------------|----------------------|----------|
| 20 TUGUECA                  | She (City (Man + Prov.)  | AVE ISAOED        | TAXPAYE              | R'S COPY |
| NAME (SURNAME)              | C C to be i i i i son  |                   |                      | lf Any): |
|                             | NN ST, EALZAIN EAST.CENT   | STORE IN CONC.    | SEX: 11 MALE         | 2 FEMALE |
| FILIPINO                    | ICR NO (If an Alien)   | PLACE OF BIRTH Y  | 0503/1977            | HEIGHT   |
|                             | igle 3 Widow/Widower/Leg<br>med 4 Divorced                       | ally Separated    | DATE OF BIRTH        | WEIGHT   |
| PROBERSION OF OF PROBERSION | DEPENESSCARNIVAL   |                   | TAXABLE              |          |
| A. BASIC COMMUN             | ITY TAX (P5.00) Voluntary or E                                   | Exempted (P 1.00) |                      | P        |
| B. ADDITIONAL CO            | MMUNITY TAX (tax not to exc                                      | eed \$5,000.00)   |                      | 45.00    |
| 1. GROSS RECEIPTS OR EA     | RNINGS DERIVED FROM SUSINESS DURING<br>00 for every P 1.000.00 ) | THE               | P                    |          |
|                             | CEIPT OR EARNINGS DERIVED FROM EXER                              |                   |                      |          |
| 3. INCOME FROM REAL PRO     | OPERTY ( P1.00 for every P 1,000                                 |                   |                      | 50.00    |
| Right Thumb<br>Print        | TAXPAYER'S SIGNATURE   | NOTES STATES      | TOTAL                | P 6.00   |
| and the second second       | s. Rami  | 147               | INTEREST             |          |
| 1200                        | 50   | 0                 | TOTAL<br>AMOUNT PAID | P 30.00  |

+ 2

. .

.

-

÷

×.



Republic of the Philippines TUGUEGARAO CITY Province of Cagayan

OFFICE OF THE BUILDING OFFICIAL

### TO : CITY FIRE MARSHAL Bureau of Fire Protection, DILG

SUBJECT : Issuance of FSIC

Please conduct an inspection of the building/structure intended for occupancy for the conduct of business.

| Structure<br>Owner/Occupant | Name of Business          | Location    |
|-----------------------------|---------------------------|-------------|
| JOSEPHINE GUITEPHNG         | JOJEPHINE AMAGEMENT PLACE | CATAG NUEVD |

In case of non-issuance, suspension or revocation of said Fire Safety Inspection Certificate (FSIC), the reasons or grounds therefore shall be stated by you in writing. Failure of the CFM to act within the period of time prescribed by Law shall mean that the building/structure conform to all requirements of the FCP.

ENGR. EMILIO F MATANGUIHAN JR. City Engineer/Building Official

Date referred to CFM:

Date received by CFM: \_\_\_\_\_

Date returned to the Building Official:

Date received by the Building Official:

|  | na Pavvurulan cor. Pac<br>Carig Sur, Tugueg | corofun, | , Cagayan 3500 |            |          |
|--|---|----------|----------------|------------|----------|
| Accountable Form N<br>Revised January, 199   |   |          | OR             | IGIN       | IAL      |
| DATE<br>15 JUNE V  | onf   | 0        | 2-24           | 10         | 95666    |
| AGENCY   | 4   |          | (a)th          | FUI        | ND [5]   |
| PAYOR<br>JUSEP   | HINE G                                      | 3. K     | CAMINE         | 2          |          |
| NATURE OF CO   | LLECTION                                    | 1        | CCOUNT<br>CODE |            | AMOUNT   |
| oither pres  |   | 6.78     | -11-01         | ₽          | 2, m, n  |
|  |   |          |                |            | /        |
|  |   | 1        |                |            |          |
|  |   | -        |                |            |          |
|  |   |          |                |            |          |
|  |   |          |                |            |          |
|  |   |          |                |            |          |
|  |   |          |                |            |          |
|  |   |          |                |            |          |
|  |   |          |                |            | 1        |
| TOTA   | L   |          |                | <b>P</b> 2 | , AV. N  |
| AMOUNT IN WORD   | S<br>TWE TH                                 | CLYP     | in pr          | Ja.        | ŝ        |
| ing and a second se | white                                       |          |                |            |          |
| Cash   | DRAWE                                       | EE       | NUMBE          | R          | DATE     |
| Check  |   |          |                |            |          |
| Money Ord  | der   | 1        |                |            |          |
| Received the amount  | stated above.                               |          |                |            |          |
|  |   |          | (/0            | 1          |          |
|  | FUNSP .                                     | By;      | 11XM           | F 13       | Has BRAN |

. A

Ŷ

| APPLICATION NUMBER  |  | 6/2×/ 7024<br>DATE        | NWNER'S IDENTIFICATION CARD<br>ANN NUTE ANG RAGSENTE &   | 09051820315 please contact for inquiries |
|---|--|---------------------------|--|--|
| BUREAU OF FIRE PROTECTION<br>Region 2<br>Province of Cagayan<br>Tuguegarao City Fire Station<br>Magallanes St. Centre & | CLAIM STUB<br>Jost PHINE Amustment PLOVE |                           | PAALALA, "REFIGENTION FIVE MUST PRESENT AN AUTHORIZATION LETTER AND COPY OF OWNER'S IDENTIFICATION CARD<br>PAALALA, "REFIGENT WA PENNABABANAL NG PARUAUMI NG BUREAL OF FIRE PROTECTION SA WAR AMANAN UND ANG MAGBEUTA D<br>MAGBEROMERIDA NG AMAMAD NG AMAMAD BRAND NG PINE EXTINGUISHER" | 09051820315                              |
| BUREAU OF<br>Prov<br>Tuguega  | CERTIFIED BY:                            | CUSTOMER RELATION OFFICER | RAMALA, TRANGPT WA FURDARRAWS  | BFP-QSF-FSED-002 REV.02 (08.24.20)       |

PROFESSION.