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参考様式２－１

　　　イベント等への出店個票（バザー出店）

１　出店者

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| 出店者 | 住所 |  | | | |
| (ふりがな)  氏名 | (電話番号) | | | |
| 屋　号 | |  | | | |
| 今 年 度 の  累計出店日数 | | これまでの出店  　　　　　　日 | 今　回  　　　　　日 | 今後の予定  　　　　　日 | 合　計  　　　　　日 |
| 出店期間 | | 年　　月　　日　　～　 　　年　　月　　日 | | | |

※バザー出店は３日以内、延べ期間は年度内に概ね１０日以内です。

２　取扱食品等

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| 取扱食品等 | （調理等を行う場合）原材料の形態から提供までの方法  （販売のみを行う場合）食品の保管及び陳列の方法※ | 予定数量  ／１日 |
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※弁当類については製造所、搬入時間、搬入方法を記載してください。

３　施設の図面

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裏面の記入例を参考にしてください。

（図面記入例）

吹き出しに、それぞれ説明書きを記入ください。

屋根、両側面、

背面の三方囲い

・手洗い設備

（消毒薬設置）

・排水用の容器を

設置

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 給水タンク  （１８L） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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４　前処理施設※ （ 有 ・ 無 ）

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| 名　称 |  |
| 所在地 |  |
| 営業許可の有無 | 有（許可番号：　　　　　　）・　無 |

※前処理を行なう施設が営業許可施設でない場合は、下記に図面を記載してください。

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５　保健所使用欄

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