企业准营（餐饮）“一件事一次办”申报表单

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报标题： | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 企业/个体户名称： | | | | | | | | | | | | |  | | | | | | | | | | | 统一社会信用代码： | | | | | | | | | | | | | | | |  | | | | | |
| 法定代表人/负责人： | | | | | | | | | | | | |  | | | | | | | | | | | 法定代表人/负责人手机号码： | | | | | | | | | | | | | | | |  | | | | | |
| 法定代表人/负责人证件类型： | | | | | | | | | | | | |  | | | | | | | | | | | 法定代表人/负责人身份证号码: | | | | | | | | | | | | | | | |  | | | | | |
| 机构类型： | | | | | | | | | | | | |  | | | | | | | | | | | 注册资本（万元）（仅限公司填写）： | | | | | | | | | | | | | | | |  | | | | | |
| 传真电话： | | | | | | | | | | | | |  | | | | | | | | | | | 邮政编码： | | | | | | | | | | | | | | | |  | | | | | |
| 注册地址： | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **食品经营许可证申请表信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营者名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住 所 | | | | | | | | \_\_\_\_\_\_\_\_省(区/市)\_\_\_\_\_\_市(区/州/盟)\_\_\_\_\_\_县\_\_\_\_\_\_ 乡（镇/街道）\_\_\_\_\_\_村（路/弄）门牌号码\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营场所 | | | | | | | | 河北省\_\_\_\_\_\_市(区/州/盟)\_\_\_\_\_\_县\_\_\_\_\_\_ 乡（镇/街道）\_\_\_\_\_\_村（路/弄）门牌号码\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营场所面积 | | | | | | | | \_\_\_\_平方米 | | | | | | | | | | 经营场所所在地经度 | | | |  | | | | | | | | | | 经营场所所在地纬度 | | | | | | | | |  | | | | |
| 实体门店 | | | | | | | | □是，□否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 仓库地址  （如有） | | | | | | | | \_\_\_\_\_\_\_\_省(区/市)\_\_\_\_\_\_市(区/州/盟)\_\_\_\_\_\_县\_\_\_\_\_\_ 乡（镇/街道）\_\_\_\_\_\_村（路/弄）门牌号码\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_省(区/市)\_\_\_\_\_\_市(区/州/盟)\_\_\_\_\_\_县\_\_\_\_\_\_ 乡（镇/街道）\_\_\_\_\_\_村（路/弄）门牌号码\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_省(区/市)\_\_\_\_\_\_市(区/州/盟)\_\_\_\_\_\_县\_\_\_\_\_\_ 乡（镇/街道）\_\_\_\_\_\_村（路/弄）门牌号码\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主体业态 | | | | | | | | □食品销售经营者  (□商场超市 □食品批发者 □便利店 □食品自动售货销售者  □食品店 □网络食品销售者 □药店 □医药公司  □医疗机构  □市场内食品销售者\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_市场)  □餐饮服务经营者  □单位食堂  (□学校食堂  [□幼儿园 □小学 □中学 □中小学 □高等院校 □中等专  科学校 □职业学校 □特殊教育学校 □其它学校]  □建筑工地食堂 □医疗机构食堂  □养老机构食堂 □流浪乞讨救助管理机构食堂  □儿童福利机构食堂 □托育机构食堂 □其它单位食堂)  备注：  1.是否含网络经营：□是，□否；  如开展网络经营，请填写网站地址:\_\_\_\_\_\_\_\_\_\_\_\_\_  2.利用自动售货设备从事食品销售：□是，□否。  3.是否申请主体建立中央厨房: □有，□无；  4.是否申请主体申请集体用餐配送单位: □是，□否； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营项目 | | | | | | | | * + - 1. □预包装装食品销售   □预包装食品（含冷藏冷冻食品）销售  □预包装食品（不含冷藏冷冻食品）销售   * + - 1. □散装食品销售   □散装食品（含冷藏冷冻食品）销售  □散装食品（不含冷藏冷冻食品）销售   * + - 1. □特殊食品销售   1）□特殊医学用途配方食品销售  □全营养配方食品  □特定全营养配方食品  □非全营养配方食品  □特殊医学用途婴儿配方食品  2）□保健食品销售  3）□婴幼儿配方乳粉销售  4）□其他婴幼儿配方食品销售   * + - 1. □其他类食品销售\_\_\_\_\_\_\_\_\_\_\_（未经批准不得填写）       2. □热食类食品制售       3. □冷食类食品制售       4. □生食类食品制售       5. □糕点类食品制售   □含裱花蛋糕  □不含裱花蛋糕   * + - 1. □自制饮品制售       2. □其他类食品制售\_\_\_\_\_\_\_\_\_\_\_\_（未经批准不得填写）   备注：  如申请散装食品销售，还应判定散装熟食销售：□是，□否；  如申请冷食类食品制售，还应判定是否含冷荤类食品：□是，□否；  如申请自制饮品制售，还应判定自酿酒制售：□是，□否； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 连锁经营 | | | | | | | | □是 □否 | | | | | | | | | | | | | 连锁品牌 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 经营方式 | | | | | | | | □自营 □加盟 | | | | | | | | | | | | | 总部名称 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 总部住所 | | | | | | | |  | | | | | | | | | | | | | 总部联系人 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 总部电话 | | | | | | | |  | | | | | | | | | | | | | 总部e-mail | | | | | | | |  | | | | | | | | | | | | | | | | |
| 申请副本数（份） | | | | | | | |  | | | | | | | | | | | | | 有效期（年） | | | | | | | |  | | | | | | | | | | | | | | | | |
| 经济性质 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职工人数（人） | | | | | | | |  | | | | | | | | | | | | | 应体检人数（人） | | | | | | | |  | | | | | | | | | | | | | | | | |
| 邮政编码 | | | | | | | |  | | | | | | | | | | | | | E-mail | | | | | | | |  | | | | | | | | | | | | | | | | |
| 法定代表人信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | | | | | | | | |  | | | | | | | | | | 性　　别 | | | | | | | |  | | | | | | | | | | | | | | | |
| 民 族/国 籍 | | | | | | | | | | | |  | | | | | | | | | | 职　　务 | | | | | | | |  | | | | | | | | | | | | | | | |
| 户籍登记住址 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 证件类型 | | | | | | | | | | | |  | | | | | | | | | | 证件号 | | | | | | | |  | | | | | | | | | | | | | | | |
| 固定电话 | | | | | | | | | | | |  | | | | | | | | | | 移动电话 | | | | | | | |  | | | | | | | | | | | | | | | |
| 食品安全人员信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人员类型 | | | | 姓名 | | 性别 | | | 民族/国籍 | | | | | 户籍登记住址 | | | | | | | 证件类型 | | | 证件号 | | | | | | | 职务 | | | | | 联系电话 | | | | | | | | | 任免单位 |
| 食品安全专业技术人员 | | | |  | |  | | |  | | | | |  | | | | | | |  | | |  | | | | | | |  | | | | |  | | | | | | | | |  |
| 食品安全管理人员 | | | |  | |  | | |  | | | | |  | | | | | | |  | | |  | | | | | | |  | | | | |  | | | | | | | | |  |
| 从业人员信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 性别 | | 民族/国籍 | | | 户籍登记住址 | | | | | 证件类型 | | | | | | | 证件号 | | | 职务 | | | 联系电话 | | | | | 任免单位 | | | | | 健康证编号 | | | | | | | | 工种 | | | 发证单位 |
|  |  | |  | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | |  | | | | |  | | | | | | | |  | | |  |
| 食品安全设施设备 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 设备名称 | | | | | | | | | | | | | | | | | 数量 | | | | | | | 位置 | | | | | | | | | | | 备注 | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **消防安全检查申报表信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 场所名称（统一社会信用代码） | | | | |  | | | | | | | | | | | | | | | | | 法定代表人/主要负责人 | | | | | | | | | | | | | | | | | | | | |  | | |
| 公民身份号码 | | | | |  | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | | | | | | | | | | | | | |  | | |
| 地址 | | | | |  | | | | | | | | | | | | | | | | | 建筑结构 | | | | | | | | | | | | | | | | | | | | |  | | |
| 场所建筑面积 | | | | |  | | | | | | | | | | | | | | | | | 使用层数（地上/地下） | | | | | | | | | | | | | | | | | | | | |  | | |
| 场所性质 | | | | | □影剧院、录像厅、礼堂等演出、放映场所  □舞厅、卡拉ＯＫ厅等歌舞娱乐场所  □具有娱乐功能的夜总会、音乐茶座和餐饮场所 □游艺、游乐场所  □保龄球馆、旱冰场 □桑拿浴室 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □宾馆、饭店 □商场 □集贸市场 □客运车站候车室  □客运码头候船厅 □民用机场航站楼 □体育场馆 □会堂 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 场所所在  建筑情况 | | | | | 名称 | | | | | | | | | | |  | | | | | | 建筑面积 | | | | | | | | | | | | | | | | | | | | |  | | |
| 建筑层数  （地上/地下） | | | | | | | | | | |  | | | | | | 建筑高度 | | | | | | | | | | | | | | | | | | | | |  | | |
| □消防车道 是否畅通：□是 □否  □消防车登高操作场地 是否符合消防安全要求：□是 □否  □室外消火栓 是否完好有效：□是 □否  □水泵接合器 是否完好有效：□是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □消防控制室 是否符合消防安全要求：□是 □否  □消防水泵房 是否符合消防安全要求：□是 □否  □消防电梯 是否符合消防安全要求：□是 □否  □柴油发电机房 是否符合消防安全要求：□是 □否  □燃油或燃气锅炉房 是否符合消防安全要求：□是 □否  □变压器室 是否符合消防安全要求：□是 □否  □配电室 是否符合消防安全要求：□是 □否  □其他专用房间： 是否符合消防安全要求：□是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 场所情况 | | | | | 用火用电 | | | | | 电气线路设计单位：  电气线路施工单位：  电器产品是否符合消防安全要求：□是 □否  场所是否使用燃气：□是 □否  燃气类型：  燃气施工（安装）单位：  燃气用具是否符合消防安全要求：□是 □否  场所是否使用燃油：□是 □否  燃油储存位置及储量：  其他用火用电情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安全疏散 | | | | | 安全出口数量： 是否畅通：□是 □否  疏散楼梯设置形式：  疏散楼梯数量： 是否畅通：□是 □否  避难层（间）设置位置：  避难层（间）数量： 是否符合消防安全要求：□是 □否  □消防应急广播 是否完好有效：□是 □否  □消防应急照明 是否完好有效：□是 □否  □疏散指示标志 是否完好有效：□是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 消防设施 | | | | | □室内消火栓 是否完好有效：□是 □否  □自动喷水灭火系统 是否完好有效：□是 □否  □火灾自动报警系统 是否完好有效：□是 □否  □气体灭火系统 是否完好有效：□是 □否  □泡沫灭火系统 是否完好有效：□是 □否  □机械防烟系统 是否完好有效：□是 □否  □机械排烟系统 是否完好有效：□是 □否  □其他消防设施： 是否完好有效：□是 □否  □灭火器种类、型号和数量： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室内装修 | | | | | 装修部位 | | | | | | | | | | | | 顶棚 | | | 墙面 | | | | | 地面 | | | 隔断 | | | | | 固定家具 | | | | | 装饰织物 | | | | | | 其他 | |
| 装修材料燃烧性能等级 | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | | |  | | | | |  | | | | | |  | |
| 其他需要说明的情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **城市大型户外广告设置申请表信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请单位  （盖 章） | | | | | | | 单 位 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地 址 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系人 | | | | | | | |  | | | | | | | | | | | | 联系电话 | | | | | | | |  | | | | | | | | | | |
| 申 请  事 项 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 设 置 地 点 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平 面  示 意 图 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 设 置  规 模  及材质 | | | | | | | 长度（m） | | | | | | | | | | | | | | | | 宽度（m） | | | | | | | | | | | | | | | | 面积（㎡） | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| 设置材质 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 设 置 时 限 | | | | | | | 自 年 月 日起至 年 月 日止 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |