# **公司开办申请书**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名 称 | | | | | | | | | | | (集团母公司需填写：集团名称： 集团简称： ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码  （设立登记不填写） | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住 所 | | | | | | | | | | | 省（市/自治区） 市（地区/盟/自治州） 县（自治县/旗/自治旗/[市](http://baike.baidu.com/view/175012.htm)/[区](http://baike.baidu.com/view/267478.htm)） 乡（民族乡/镇/街道） 村（路/社区） 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **设立** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代表人  姓 　 名 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 公司类型 | | | | | | | | | | | | | | | | | | | | | | | | | | | □有限责任公司  □股份有限公司  □外资有限责任公司  □外资股份有限公司 | | | | | | | | | | | | | | |
| 注册资本 | | | | | | | | | | | 万元 （币种： □人民币 □其他 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 投资总额  （外资公司填写） | | | | | | | | | | | 万元（币种： ） 折美元： 万元 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 设立方式  （股份公司填写） | | | | | | | | | | | □发起设立  □募集设立 | | | | | | | | | | | | | | | | | | | | | | 营业期限/  经营期限 | | | | | | | | | | | | | | | | | | | | | | | | | | | □长期  □ 年 | | | | | | | | | | | | | | |
| 申领执照 | | | | | | | | | | | □申领纸质执照 其中：副本 个（电子执照系统自动生成，纸质执照自行勾选） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营范围  （根据《国民经济行业分类》、有关规定和公司章程填写） | | | | | | | | | | | (申请人须根据企业自身情况填写《企业登记政府部门共享信息表》相关内容。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **法定代表人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 国别（地区） | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 职 务 | | | | | | | | | | | □董事长 □执行董事 □经理 | | | | | | | | | | | | | | | | | | | | | | | | | | | 产生方式 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 身份证件类型 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 身份证件号码 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 固定电话 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 住 所 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 电子邮箱 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| （身份证件复、影印件粘贴处） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟任法定代表人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **董事、监事、经理信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 国别(地区)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 身份证件类型\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  身份证件号码\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 职务\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 产生方式\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  （身份证件复、影印件粘贴处）  注：1、“职务”指董事长（执行董事）、董事、经理、监事会主席、监事。上市股份有限公司设置独立董事的应在“职务”栏内注明。   1. “产生方式”按照章程规定填写，董事、监事一般应为“选举”或“委派”；经理一般应为“聘任”。中外合资（合作）企业应当明确上述人员的委派方。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 国别(地区)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 身份证件类型\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  身份证件号码\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 职务\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 产生方式\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  （身份证件复、影印件粘贴处）  备注事项同上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 国别(地区)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 身份证件类型\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  身份证件号码\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 职务\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 产生方式\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  （身份证件复、影印件粘贴处）  备注事项同上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **股东（发起人）、外国投资者出资情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 股东（发起人）、外国投资者名称或姓名 | | | | 国别  （地区） | | | | | | | 证件  类型 | | | | | | | | | 证件号码 | | | | | | | | | | | | | | | 认缴  出资额 | | | | | | | | | 实缴  出资额 | | | | | | | | | 出资（认缴）  时间 | | | | | | | | | | | | 出资  方式 | | | | | | | | 出资  比例 | |
|  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | |
|  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | |
|  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | |
|  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | |
|  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | |
|  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | |
| **联络员信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 移动电话 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 电子邮箱 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 身份证件类型 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 身份证件号码 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| （身份证件复、影印件粘贴处） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **指定代表/委托代理人** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 委托权限 | | | | 1、同意□不同意□核对登记材料中的复印件并签署核对意见；  2、同意□不同意□修改企业自备文件的错误；  3、同意□不同意□修改有关表格的填写错误；  4、同意□不同意□领取营业执照和有关文书。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 固定电话 | | | |  | | | | | | | | | | | | | 移动电话 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 指定代表/委托代理人签字 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| （指定代表或者委托代理人身份证件复、影印件粘贴处） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全体股东签字或盖章（仅限内资、外资有限责任公司设立登记）：  董事会成员签字（仅限内资、外资股份有限公司设立登记）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人承诺** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本申请人和签字人承诺提交的材料文件和填报的信息真实有效，并承担相应的法律责任。  法定代表人签字（限设立、变更及清算组备案以外的备案）：  清算组负责人签字（限清算组备案）：  公司盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **“多证合一 ”政府部门共享信息表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **财务负责人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 移动电话 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 电子邮箱 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 身份证件类型 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 身份证件号码 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **其他信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生产经营地 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核算方式 | | | | | | | | | | | | | | | | | | | □独立核算 □非独立核算 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 从业人数 | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□印章备案信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属地市 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 所属区县 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 刻章企业 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□申领发票信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否申领发票 | | | | | | | | | | | | | | | | | | | □是□否（选择是请继续写下面事项） | | | | | | | | | | | | | | | | | | | | | | | | 增值税  纳税人类型 | | | | | | | | | | | | | | □一般纳税人  □小规模纳税人 | | | | | | | | | | | | | | | | | |
| 增值税发票类型 | | | | | | | | | | | | | | | | | | | □增值税普通发票 □增值税专用发票 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发票/税控设备  是否邮寄 | | | | | | | | | | | | | | | | | | | □是□否（选择是请继续填写下面事项） | | | | | | | | | | | | | | | | | | | | | | | | 收货人 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 收货人移动电话 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 收货人地址 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **□社保参保人员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 性别 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 民族 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 文化程度 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 证件类型 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 证件号码 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 出生日期 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 现居住地址（通讯地址）、邮编 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍地址 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就业人员类别 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 户口性质 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 用工形式 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 劳动合同类型 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 岗位（工种） | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 备案人员类型 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 缴费基数 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 个人身份 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 增员原因 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 首月工资 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 劳动备案属地 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 增员日期 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 就业属地 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 参加工作日期 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 参保日期 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **□医保参保人员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 性别 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 民族 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 文化程度 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 证件类型 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 证件号码 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 出生日期 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 婚姻状况 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 移动电话 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 劳动合同类型 | | | | | | | | | | | | | | 根据公司情况填写 | | | | | | | | | | | | | | | | | |
| 户籍地址 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 户口性质 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 现居住地址（通讯地址）、邮编 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 劳动开始（参加工作）时间 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 用工形式 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 个人身份 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 岗位（工种） | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 首月工资 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 缴费基数 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 增员日期 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 增员原因 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 缴费人员类别 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 参保日期 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **□公积金单位缴存登记** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位发薪日期 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 单位性质 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 单位缴存比例 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 个人缴存比例（与单位缴存比例一致） | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 单位隶属关系 | | | | | | | | | | | | | | | | | | | □中央 □省 □市、地区 □县 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基本存款账户  开户名称 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基本存款账户开户行 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□银行预约开户信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否预约银行开户 | | | | | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | 银行隶属地市 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 银行隶属区县 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 银行名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 银行网点名称 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□出版物零售单位人员名单** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | | | | | | | | 职务 | | | | | | | | | | | | | | | | | | | 身份证件名称 | | | | | | | | | | | | | | | | | 手机号码 | | | | | | | | | | | | | | 发行员资格证书编号 | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **□公共场所卫生许可情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 集中式中央空调 | | | | | | | | | | | | □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请经营项目 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□公共聚集场所投入使用、营业前消防安全检查** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | □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 | | | | | | | | | | | | | | | 电器线路设计单位：  电气设计施工单位：  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 是否完好有效：□是 □否  □泡沫灭火系统 是否完好有晓：□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 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代表人签字：  公司盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□食品经营许可证** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应体检人数（人） | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 申请副本数量（份） | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 经营项目和经营类别 | | | | | | | | | | | □食品销售 | | | | | | | | | | | | | | | | | | | | | | □预包装食品销售  （□含冷藏冷冻食品不含冷藏冷冻食品）  □散装食品销售  （□含冷藏冷冻食品含熟食□含冷藏冷冻食品不含熟食□不含冷藏冷冻食品含熟食□不含冷藏冷冻食品不含熟食）  □特殊食品销售  （□婴幼儿配方乳粉□其他婴幼儿配方食品□保健食品□特殊医学用途配方食品）  □其他类食品销售 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □餐饮服务 | | | | | | | | | | | | | | | | | | | | | | □热食类食品制售 □冷食类食品制售  □生食类食品制售 □糕点类食品制售（含裱花蛋糕）  □糕点类食品制售（不含裱花蛋糕）  □自制饮品制售（不含使用压力容器制作饮）  □其他食品制售 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **食品安全管理人员**  **食品安全专业技术人员情况登记表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食品安全管理人员： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | | 性别 | | | | | | | | 民族 | | | | | 户籍登记地址 | | | | | | | | | | 证件  类型 | | | | | | | | | | | 证件  号码 | | | | | | | | | 职务 | | | | | | | | | | | | | 手机号 | | | | | | | | 任免  单位 | | | |
|  | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
| **从业人员情况统计表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | | | 性别 | | | | | | | | 民族 | | | | | 户籍登记地址 | | | | | | | | | | | | | | | | | | | | | | | | | | | 证件类型 | | | | | | | | | | | | | | | | | 证件号码 | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 职务 | | | | | | 手机号 | | | | | | | | | | | | | | | | 任免单位 | | | | | | | | | | | | | | | 健康证编号 | | | | | | | | | | | | | | | 工种 | | | | | | | | | | | | | | | | | 发证单位 | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **□第二类医疗器械经营备案、第三类医疗器械经营许可** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 组织机构图及部门设置说明 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营范围及经营方式情况说明 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营模式 | | | | | | | | | | | | | | | | | | | | □经营医疗器械  □为其他生产经营企业提供贮存、配送服务  其他情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营范围（2002年分类目录） | | | | | | | | | | | | | | | | | | | | Ⅱ类： Ⅲ类： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营范围（2017年分类目录） | | | | | | | | | | | | | | | | | | | | Ⅱ类： Ⅲ类： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 计算机系统设置情况 | | | | | | | | | | | | | | 计算机管理系统基本情况介绍及功能说明：具体说明计算机管理系统软件，确保满足经营全过程质量控制并具有可以通过计算机网络实现接受当地药品监管部门监管的条件。从事网络销售的，应说明网站名称、网络客户端应用程序名、网络域名、网站IP地址、电信业务经营许可证或者非经营性互联网信息服务备案编号等情况。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□药品经营许可** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 药品零售企业分类 | | | | | | | | | | | | | | □一类 □二类 □三类 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营类别 | | | | | | | | | | | | | | □处方药 □甲类非处方药 □乙类非处方药 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营范围 | | | | | | | | | | | | | | □第二类精神药品 □生物制品 □生物制品(限微生态活菌制品）  □中药饮片 □中成药 □化学药 □以上经营范围不含冷藏冷冻药品  □以上经营范围不包括含麻醉药品的复方口服溶液等限制类药品 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经营方式 | | | | | | | | | | | | | | □零售连锁总部 □零售连锁门店 □单体零售 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业质量管理人员情况表**  **（仅限申请药品经营许可填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | | | 证件类型 | | | | | | | | | | | 证件号 | | | | | | | | | | | | | | | | 职务 | | | | | | | | 学历 | | | | | | | | | 所学专业 | | | | | | | | | 是否为执业药师 | | | | | | | | | | 技术职称 | | | | | | 从事  岗位 |
|  |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |  |
|  |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |  |
| 企业质量负责人 | | | | |  | | | | | | | | | | | 从事药品经营工作年限 | | | | | | | |  | | | | | | | | | | 技术职称 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | 学历 | | | | | |  |
| 药品技术人员（一） | | | | |  | | | | | | | | | | | 从事药品经营工作年限 | | | | | | | |  | | | | | | | | | | 是否为执业药师 | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | 学历 | | | | | |  |
| 药品技术人员（二） | | | | |  | | | | | | | | | | | 从事药品经营工作年限 | | | | | | | |  | | | | | | | | | | 是否为执业药师 | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | 学历 | | | | | |  |
| 药品技术人员（三） | | | | |  | | | | | | | | | | | 从事药品经营工作年限 | | | | | | | |  | | | | | | | | | | 是否为执业药师 | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | 学历 | | | | | |  |
| **药品验收养护人员情况表**  **（仅限申请药品经营许可填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 姓名 | | | | | | | 证件  类型 | | | | | | | | 证件号 | | | | | | | | 职务 | | | | | | | | | | 学历 | | | | | | | | | | 所学  专业 | | | | | | | | | | 是否为执业药师 | | | | | | | | | | | 技术  职称 | | | | | 备注 | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | |
| **□公共场所卫生许可** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 使用面积 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 体检人数 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 集中式中央空调 | | | | | | | | □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请经营项目 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□电影放映设备** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 设备类型 | | | | | | | | | 名称及规格型号 | | | | | | | | | | | | | | 台（套） | | | | | | | | | | 生产厂家 | | | | | | | | | | | | 出厂年月 | | | | | | | | | | | | | | | | 目前状况 | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **放映业务及管理人员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位 | | | | | | | | | | | | | 姓名 | | | | | | | | | | | | 身份证号码 | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | | | | | | | 业务培训情况 | | | | | | | | | | | | | | | |
| 业务主管 | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 安全主管 | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 放映人员 | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 法定代表人签字：    公司盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**山东省“多证合一”涉企证照事项申请书**

依据《山东省人民政府办公厅关于贯彻国办发[2017]41号文件推进“多证合一”改革的实施意见》，本企业在提交有关企业(个体工商户/农民专业合作社)登记（备案）申请书时，持本申请书申请办理需要的涉企证照事项。同意将本企业登记信息和本申请书补充填报的相关信息共享至涉企证照事项的所属部门，并承诺所填报信息真实、有效。

企业(个体工商户/农民专业合作社)盖章:

法定代表人（执行事务合伙人/负责人/投资人）签字:

申请日期： 年 月 日

申请“多证合一”证照事项目录

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | | 事项名称 | | | | | | | 实施部门 | | 勾选 |
| 1 | | 废旧金属收购业备案 | | | | | | | 公安部门 | |  |
| 2 | | 公章刻制备案 | | | | | | | 公安部门 | |  |
| 3 | | 开锁业备案 | | | | | | | 公安部门 | |  |
| 4 | | 娱乐场所备案 | | | | | | | 公安部门 | |  |
| 5 | | 单位办理住房公积金缴存登记 | | | | | | | 住房城乡建设部门 | |  |
| 6 | | 道路客运经营者设立分公司备案 | | | | | | | 交通运输部门 | |  |
| 7 | | 道路货运经营者设立分公司备案 | | | | | | | 交通运输部门 | |  |
| 8 | | 从事船舶代理业务备案 | | | | | | | 交通运输部门 | |  |
| 9 | | 从事水路旅客运输代理业务备案 | | | | | | | 交通运输部门 | |  |
| 10 | | 从事水路货物运输代理业务备案 | | | | | | | 交通运输部门 | |  |
| 11 | | 道路货物运输和货运站经营者变更名称、地址等备案 | | | | | | | 交通运输部门 | |  |
| 12 | | 机动车驾驶员培训机构变更名称、法定代表人等事项备案 | | | | | | | 交通运输部门 | |  |
| 13 | | 道路危险货物运输企业或者单位变更名称、法定代表人、地址工商登记事项的备案 | | | | | | | 交通运输部门 | |  |
| 14 | | 机动车维修经营者变更名称、法定代表人等事项的备案 | | | | | | | 交通运输部门 | |  |
| 15 | | 农作物种子生产经营分支机构备案 | | | | | | | 农业农村部门 | |  |
| 16 | | 再生资源回收经营者备案 | | | | | | | 商务部门 | |  |
| 17 | | 二手车经营主体备案 | | | | | | | 商务部门 | |  |
| 18 | | 从事艺术品经营活动的经营单位备案 | | | | | | | 文化和旅游部门 | | 根据填写说明，勾选并填写企业相关事项 |
| 19 | | 互联网上网服务营业场所经营单位变更(仅限于变更名称、法定代表人或者主要负责人、注册资本)备案 | | | | | | | 文化和旅游部门 | |  |
| 20 | | 互联网上网服务营业场所经营单位注销备案 | | | | | | | 文化和旅游部门 | |  |
| 21 | | 设立出版物出租企业或者其他单位、个人从事出版物出租业务备案 | | | | | | | 广播电视部门 | |  |
| 22 | | 音像制品零售单位变更备案 | | | | | | | 广播电视部门 | |  |
| 23 | | 音像制品零售单位注销备案 | | | | | | | 广播电视部门 | |  |
| 24 | | 成立体育经营实体或变更名称、场所、法定代表人、经营范围等的告知 | | | | | | | 体育部门 | |  |
| 25 | | 煤炭经营企业备案 | | | | | | | 能源部门 | |  |
| 26 | | 原产地证企业备案 | | | | | | | 出入境检验检疫部门 | |  |
| 国际贸易促进部门 | |  |
| 27 | | 粮油仓储企业备案 | | | | | | | 粮食主管部门 | |  |
| 28 | | 保安服务公司分公司备案 | | | | | | | 公安部门 | |  |
| 29 | | 资产评估机构及其分支机构备案 | | | | | | | 财政部门 | |  |
| 30 | | 劳务派遣单位设立分公司备案 | | | | | | | 人社部门 | |  |
| 31 | | 房地产经纪机构及其分支机构备案 | | | | | | | 住建部门 | |  |
| 32 | | 工程造价咨询企业设立分支机构备案 | | | | | | | 住建部门 | |  |
| 33 | | 物业服务企业及其分支机构备案 | | | | | | | 住建部门 | |  |
| 34 | | 国际货运代理企业备案 | | | | | | | 商务部门 | |  |
| 35 | | 外商投资企业商务备案受理 | | | | | | | 商务部门 | |  |
| 36 | | 《海关进出口货物收发货人备案（含报关报检资质）》 | | | | | | | 海关部门 | |  |
| 37 | | 旅行社服务网点备案登记证明 | | | | | | | 文化和旅游部门 | |  |
| 38 | | 气象信息服务企业备案 | | | | | | | 气象管理部门 | |  |
| * **粮食仓储企业备案** | | | | | | | | | | | |
| 经营范围（可多选） | | □粮油仓储□粮食仓储□食用油仓储 | | | | | | | | | |
| * **保安服务公司分公司备案** | | | | | | | | | | | |
| 经营范围（可多选） | | □门卫□巡逻□守护□押运□随身护卫□安全检查□安全技术防范□安全风险评估服务  注：（限分公司勾选，且隶属公司应有此经营范围） | | | | | | | | | |
| * **资产评估机构及其分支机构备案** | | | | | | | | | | | |
| 经营范围（单选） | | □资产评估□资产评估专业服务 | | | | | | | | | |
| * **物业服务企业及其分支机构备案** | | | | | | | | | | | |
| 经营范围（可多选） | | □物业服务□物业管理 | | | | | | | | | |
| * **设立出版物出租企业或者其他单位、个人从事出版物出租业务备案** | | | | | | | | | | | |
| 经营范围（可多选） | | □图书出租□报纸出租□期刊出租□音像制品出租□电子出版物出租 | | | | | | | | | |
| * **农作物种子生产经营分支机构备案** | | | | | | | | | | | |
| 分支机构名称 | | |  | | | | | | | | |
| 种子生产经营区域 | | |  | | | | | | | | |
| 设立企业的种子生产经营许可证编号 | | |  | | | | | | | | |
| 经营范围（单选） | | | □生产经营农作物种子  注：（限分公司勾选，且隶属公司应有此经营范围） | | | | | | | | |
| * **原产地证企业备案** | | | | | | | | | | | |
| 企业中文名称 | | | | | | |  | | | | |
| 企业英文名称 | | | | | | |  | | | | |
| * **劳务派遣单位设立分公司备案** | | | | | | | | | | | |
| 隶属公司劳务派遣经营许可证编号 | | | | | | |  | | | | |
| 隶属公司劳务派遣经营许可机关 | | | | | | |  | | | | |
| 经营范围（单选） | | □劳务派遣  注：（限分公司勾选，且隶属公司应有此经营范围并已办理劳务派遣行政许可） | | | | | | | | | |
| **□房地产经纪机构及其分支机构备案** | | | | | | | | | | | |
| 房地产经纪专业人员姓名 | | | | | | |  | | | | |
| 身份证号 | | | | | | |  | | | | |
| 房地产经纪专业人员职业资格证书管理号 | | | | | | |  | | | | |
| 房地产经纪专业人员登记证书登记号 | | | | | | |  | | | | |
| 经营范围（可多选） | | □房地产中介服务□房地产经纪服务□房地产居间代理服务 | | | | | | | | | |
| * **工程造价咨询企业设立分支机构备案** | | | | | | | | | | | |
| 造价工程师姓名 | | | | | | |  | | | | |
| 身份证号 | | | | | | |  | | | | |
| 造价工程师注册证书编号 | | | | | | |  | | | | |
| 造价工程师注册证书有效期 | | | | | | |  | | | | |
| 经营范围（单选） | | □工程造价专业咨询服务  注：（限分公司勾选，且隶属公司应有此经营范围） | | | | | | | | | |
| * **再生资源回收备案** | | | | | | | | | | | |
| 联络员职务 | | | |  | | | | | | | |
| 营业面积（平方米） | | | |  | | | 网点数（个） | |  | | |
| 企业性质（单选） | | | | □国有控股□集体控股□私人控股□港澳台商控股□外商控股 | | | | | | | |
| 企业总资产（万元） | | | |  | | | 固定资产净值  （万元） | |  | | |
| 从业人员（人） | | | |  | | | 其中：大专以上人数（人）● | |  | | |
| 污水处理（台/套）● | | | |  | | | 运输车辆（台/套）● | |  | | |
| 打包机（台/套）● | | | |  | | | 分拣设备（台/套）● | |  | | |
| 消防设施（台/套）● | | | |  | | | 剪切工具（台/套）● | |  | | |
| 其他设备（台/套）● | | | |  | | |  | | | | |
| 经营范围（单选） | | | | □再生资源回收（不含固体废物、危险废物、报废汽车等需经相关部门批准的项目）  □再生资源回收、加工（不含固体废物、危险废物、报废汽车等需经相关部门批准的项目） | | | | | | | |
| * **国际货运代理企业备案** | | | | | | | | | | | |
| 业务类型范围  —运输方式  （可多选） | | □海运□陆运□空运 | | | | | | | | | |
| 业务类型范围  —货物类（可多选） | | □一般货物□国际展品□过境运输□私人物品 | | | | | | | | | |
| 业务类型范围  —服务项目  （可多选） | | □揽货□托运□定舱□仓储中转□集装箱拼装拆箱□结算运杂费□报关□报验□保险□相关短途运输□运输咨询 | | | | | | | | | |
| 业务类型范围  —特殊项目  （可多选） | | □多式联运□办理国际快递□信件和具有信件性质的物品除外□私人信函及县级以上党政军公文除外 | | | | | | | | | |
| 企业英文名称 | |  | | | | | | | | | |
| 经营场所（英文） | |  | | | | | | | | | |
| 企业电子信箱 | |  | | | | 联系传真 | | |  | | |
| 是否上市（单选） | | □是 | | | 上市地区 | □深交所主板□上交所□新加坡□香港  □纳斯达克□纽约交易所□日本□英国  □深交所创业板□新三板□深交所中小板□其他 | | | | | |
| □否 | | | | | | | | | |
| 是否控股（单选） | | □内资控股□港澳台商控股□外商控股□非股份制  □内资与境外资本（外商和港澳台商）投入各占50% | | | | | | | | | |
| 主要控股公司名称● | |  | | | | 企业网址● | | |  | | |
| 经营范围（单选） | | □国际货物运输代理 | | | | | | | | | |
| * **海关进出口货物收发货人备案（含报关报检资质）** | | | | | | | | | | | |
| 注册海关 | |  | | | | | 特殊贸易区域 | |  | | |
| 经济区划 | |  | | | | | 经营类别 | |  | | |
| 企业名称（英文） | |  | | | | | | | | | |
| 住所（英文） | |  | | | | | | | | | |
| 企业类别（多选） | | □外贸企业□有自营权的生产企业□集装箱场站□注册厂（库）  □出口货物生产企业□熏蒸单位□国内定点加工厂□国外定点加工厂□配餐料使用单位□进境动物产品仓储单位□出境动物产品仓储单位□进境动物产品运输单位□出境动物产品运输单位□进境动物隔离场□出境动物隔离场□进境动物养殖场□出境动物养殖场□进境植物产品仓储单位□出境植物产品仓储单位□进境植物产品运输单位□出境植物产品运输单位□进境植物隔离场□出境植物隔离场□进境植物种植场□出境植物种植场□其他 | | | | | | | | | |
| 报关人员姓名● | |  | | | | | 报关人员身份证件  类型● | |  | | |
| 报关人员身份证件  号码● | |  | | | | | | | | | |
| 经营范围（单选） | | □货物或技术进出口（国家禁止或涉及行政审批的货物和技术进出口除外） | | | | | | | | | |
| 注：请先取得商务部门的《对外贸易经营者备案登记表》或已办理外商投资企业商务备案。 | | | | | | | | | | | |
| * **旅行社企业设立服务网点备案** | | | | | | | | | | | |
| 隶属的旅行社企业经营许可证编号 | | | | | | |  | | | | |
| 隶属的旅行社企业经营许可机关 | | | | | | |  | | | | |
| 经营范围（可多选） | | □国内旅游招徕、咨询服务□入境旅游招徕、咨询服务  □出境旅游招徕、咨询服务□边境旅游招徕、咨询服务  注：（限分公司勾选，且隶属设立社应有此经营范围） | | | | | | | | | |
| * **气象信息服务企业备案** | | | | | | | | | | | |
| 气象信息服务  提供方式 | | □电视□广播□报纸□声讯电话□传真□显示屏□大喇叭□网络□微博□微信□手机客户端□邮件□短信  □其它（请具体说明）： | | | | | | | | | |
| 气象信息服务  范围说明 | |  | | | | | | | | | |
| 经营范围（单选） | | □气象信息服务 | | | | | | | | | |