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| 様式第１号（第２条関係）（用紙　日本産業規格Ａ４縦型）  施術所開設届  年　月　日  　　静岡県　　　　保健所長　　　様  　法人にあつては、その  　主たる事務所の所在地  住所  　　　　　　　　　　　　　　　　　　　　　　　　開設者  　法人にあつては、その  　名称及び代表者の氏名  氏名  　　次のとおり施術所を開設したので、届け出ます。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 施術所の名称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 施術所の所在地 | | | | | | | | | | 電話 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 開設の年月日 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 施術室の平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  | | 施術室 | | | | | |  | | | | | | | | | | | | | | | | | | | 採光  換気装置 | | | | | |  | | | | | | | | | | 待合室 | | | | | |  | | | | | | | | | | | | | | | | | | | その他 | | | | | |  | | | | | | | | | | 消毒設備 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 業務に従事する施術者の氏名 | | | | | | 従事年月日 | 免許番号 | 免許年月日 | 業務の種類 | 終了年月日 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | 摘　要 | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |