様式第1号(第4条関係)

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| 一般廃棄物取扱業務受託申請書  年　　月　　日  　熊谷市長　氏名　宛  住所  申請者  氏名  　　　　　　　　　　　　　　　　　　　　　　法人にあっては、主たる事務所の所在地、名称及び代表者の氏名 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | 事務所の所在地 | | | | | | | | | | | | | | | | | | | | | 電話 | | | |
| 名称 | | | | | | | | | | | | | | | | | 企業性格  　　個人、法人、その他 | | | | | | | |
| 業務  受託 | 取扱廃棄物 | | | | | | | | | | | 業務種別 | | | | | | | | | | | | | |
| 設備 | 車庫 | | | | 所在地 | | | | | | | | | | | | | | | | | 収容能力  台 | | | |
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| 器材 | 作業用車両 | | | | 車種 | | | | | | 容積 | | | | | | | | | | | 台数 | | | |
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| その他の器材 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 作業用車両の修理、車検等により休車する場合の措置 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 財政 | 土地 | 所在地 | | | | | | 地番・地目 | | | | | 地積 | | | | | | | | 価格 | | | | |
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| 計 | | | | | |  | | | | |  | | | | | | | |  | | | | |
| 的基礎 | 家屋 | 所在地 | | | | | 家屋番号 | | 構造 | | | | | | 種類 | | | | 床面積 | | | | | 価格 | |
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| 計 | | | | |  | |  | | | | | |  | | | |  | | | | |  | |
| 納税状況 | 年度 | | 税目 | | | 課税額 | | | 納付済額 | | | | | | | 未納額 | | | | | | 滞納理由 | | |
|  | | 所得税 | | |  | | |  | | | | | | |  | | | | | |  | | |
|  | | 事業税 | | |  | | |  | | | | | | |  | | | | | |  | | |
|  | | 市県民税 | | |  | | |  | | | | | | |  | | | | | |  | | |
|  | | 固定資産税 | | |  | | |  | | | | | | |  | | | | | |  | | |
| 計 | | | | |  | | |  | | | | | | |  | | | | | |  | | |
| 業務経験 | 業務種別 | | | 委託許可の別 | | 市内 | | | | | | | | 市外 | | | | | | | | | | | 通算経験年数 |
| 業務開始年月日 | | | | 経験年数 | | | | 業務開始年月日 | | | | | | | | | 経験年数 | |
| 収集運搬 | | | 委託 | |  | | | |  | | | | ・　・ | | | | | | | | |  | |  |
| 許可 | | ・　・ | | | |  | | | | ・　・ | | | | | | | | |  | |  |
| 処分 | | | 委託 | |  | | | |  | | | | ・　・ | | | | | | | | |  | |  |
| 許可 | |  | | | |  | | | | ・　・ | | | | | | | | |  | |  |
| 法令違反 | 違反事項 | | | | | 違反年月日 | | | | 処罰年月日 | | | | | | | | | | 処罰内容 | | | | | |
|  | | | | | ・　・ | | | | ・　・ | | | | | | | | | |  | | | | | |
| 自動車保険加入状況  (任意保険) | | | 対人 | | | 加入・非加入 | | | | | | | | | | 保険金額　　　　円 | | | | | | | | | |
| 対物 | | | 加入・非加入 | | | | | | | | | | 保険金額　　　　円 | | | | | | | | | |
| 備考 |  | | | | | | | | | | | | | | | | | | | | | | | | |