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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。

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| 施術所の名称 |  |
| 施術所の所在地 | 　　　　　　　　　　　　　　　　　　電話 |
| 開設の年月日 |  |
| 業務の種類 |  |
| 施術所の平面図 |
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| 施術室 | 平方メートル | 採光、換気装置 |  |
| 待合室 | 平方メートル | その他 |  |
| 消毒設備 |  |

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| 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 |
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| 摘　要 |
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