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| （個人用）  様式第13号（別表関係）その１  中小企業支援金交付申請書  　　年　　月　　日  小田原市長　様  申請者　住所（所在地）  氏名 印  　小田原市の新型コロナウイルス感染症対策における「中小企業支援金」の交付について、次のとおり申請いたします。  本申請の審査にあたり、市税の課税情報並びに役員等が暴力団員（法人の場合、暴力団）でないことを調査することに同意いたします。　□同意する　　□同意しない   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | １．事業者の情報 | | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  | 氏名 |  | | | | | | | | | | | | | | | | |  |  | 生年月日 | Ｔ　・　Ｓ　・　Ｈ　（西暦）　　　　　　　　　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | |  |  | 事業種別 | 施設コード | | | | | | 施設名 | | | | | | | | | | |  |  |  | |  | | |  |  | | | | | | | | | | |  |  | 住民登録地 |  | | | | | | | | | | | | | | | | |  |  | |  |  | 連絡先 | 電話番号[店舗℡／休業中も連絡が取れるもの] | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | |  | | | | | | |  |  | メールアドレス | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | |  |  | 屋号 |  | | | | | | | | | | | | | | | | |  |  | 小田原市内の  事業所所在地 |  | | | | | | | | | | | | | | | | | ２．休業等の実施状況 | | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  | 休業（予定）期間 |  | | | | | | | | | | | | | | | | |  |  | 営業時間短縮（予定）期間 |  | | | | | | | | | | | | | | | | |  |  | 営業時間 | [短縮前] | | | | | | | | | | | | | | | | |  |  | [短縮中] | | | | | | | | | | | | | | | | | ３．支援金の振込先口座 | | | |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  | 金融機関名 |  | | | | | | | 支店名 | | |  | | | | | | |  |  | 口座種別 |  | | | | | | | 口座番号 | | |  | | | | | | |  |  | 名義(カナ) |  | | | | | | | | | | | | | | | |   ４．添付書類  □身分証明書の写し　□休業又は営業時間短縮が分かる資料　□通帳の写し  □営業許可書等の写し　又は　□直近の確定申告書の写し   * この交付申請書及び添付書類は、公文書として取り扱われ、公開請求があるときは、個人情報など「小田原市情報公開条例」において非公開情報とされている部分を除き、すべて公開されます。 |