**济宁市基本医疗保险定点零售药店申请表**

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| **药店名称** | |  | | | | | | | | | |
| **详细地址** | |  | | | | | | | | | |
| **经营形式** | | **连锁（ □ 直营、 □ 加盟）、 □单体** | | | | | | | | | |
| **药品经营许可证号码及批复时间** | | | | | |  | | | | | |
| **负责人** |  | | | | | | | **联系电话** | |  | |
| **工作人员** | **人** | | **药 师** | | **人** | | | **药店建筑面积** | |  | |
| **上年度业务收入** | | |  | | | | | **药品品种** | |  | |
| **工作人员参加社会保险情况** | | | | | | | | | | | |
| **姓名** | **身份证号码** | | | **养老** | | | **医疗** | | **工伤** | **失业** | **生育** |
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| **申**  **请**  **内**  **容** | **（申请单位印章）**  **法人代表签字： 年 月 日** | | | | | | | | | | |
| **社**  **会**  **保**  **险**  **经**  **办**  **机**  **构**  **意**  **见** | **（印章）**  **负责人签字： 年 月 日** | | | | | | | | | | |