药品经营许可证核发申请表

申请单位： (公章)

填报日期： 年 月 日

填 表 说 明

1、药品经营许可证申请表必须使用钢笔、签字笔填写或打印，字迹清晰，涂改无效。

2、企业名称、注册地址、法定代表人、统一社会信用代码按照工商行政管理部门核准的内容填写。

3、本表需填写的数字均使用阿拉伯数字。

4、本表所列各项内容填写不下时均可另附页，附页一律采用A4纸。

企业基本情况

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 企业名称 | |  | | | | | | | | | | | | | | | |
| 注册地址 | |  | | | | | | | | 统一社会信用代码 | | | |  | | | |
| 经营方式 | |  | | | | | | | | 邮政编码 | | | |  | | | |
| 仓库地址 | |  | | | | | | | | | | | | | | | |
| 经营范围 | |  | | | | | | | | | | | | | | | |
| 法定代表人 | |  | 毕业院校 | |  | | | 学历 | |  | | | 职称 | | |  | |
| 企业负责人 | |  | 毕业院校 | |  | | | 学历 | |  | | | 职称 | | |  | |
| 质量负责人 | |  | 从事药品经营管理工作年限 | |  | | | 学历 | |  | | | 职称 | | |  | |
| 质量管理部门负责人 | |  |  | | | 学历 | |  | | | 职称 | | |  | |
| 联系人 | |  | 电话 | |  | | | | | 传真 | | |  | | | | |
| 人员情况 | 职工  总数 | 从事质量管理\验收\养护人员总数 | 药学技术人员数 | | | | | | | | | | | | | | |
| 执业  药师 | 主任  药师 | | | 副主任药师 | | 主管药师 | | | 药师 | | | 药士 | | 其他 |
|  |  |  |  | | |  | |  | | |  | | |  | |  |
| 仓库面积  （㎡） | | 总建筑面积 | 常温库面积 | | | 阴凉库面积 | | | | | 验收养护室面积 | | | | 冷库容积（m³） | | |
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| 营业场所及辅助办公用房（㎡） | | 营业用房面积 | 辅助用房面积 | | | | | 办公用房面积 | | | | | | | 备注 | | |
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仓储设施设备情况表

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| 仓库名称 | 面积或容积 | 对应设施设备名称 | 施设设备规格 | 数量 | 备注 |
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注：1、面积或容积单位为㎡或m³；

2、一组中央空调对应多个仓库的，需要进行说明。

从事质量管理、验收、养护人员情况表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 岗位 | 毕业院校 | 学历 | 专业 | 技术职称 | 备注 |
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