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| 様式第１号の２（第２条の２関係）  指定変更申請書  年　　月　　日  　（宛先）  　　滋賀県知事  申請者　主たる事務所の所在地  名称  代表者の氏名  　障害者の日常生活及び社会生活を総合的に支援するための法律の規定により、特定障害福祉サービス事業者  （指定生活介護事業者・指定就労継続支援Ａ型事業者・指定就労継続支援Ｂ型事業者）・指定障害者支援施設の指  定の変更を受けたいので、次のとおり関係書類を添えて申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | 事業所（施設）所在地市町番号 | | | | | | |  | | | 申請者 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | 名称 | | | |  | | | | | | | | | | | | | | | | | | | | | 主たる事務所の所在地 | | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | 法人の種別 | | | |  | | | | | | | | | | | | 法人所轄庁 | | | |  | | | | | 連絡先電話番号 | | | |  | | | | | | | | | | | | FAX番号 | | | |  | | | | | 代表者の職・氏名 | | | | 職名 | | | | |  | | | | | | | フリガナ | | | |  | | | | | 氏名 | | | |  | | | | | 代表者の住所 | | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | 代表者の生年月日 | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | 指定変更を受けようとする事業者の事業所（施設）の種類 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | 名称 | | | |  | | | | | | | | | | | | | | | | | | | | | 事業所（施設）の 所在地 | | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | 同一所在地において 行う事業の種類 | | | | 実施事業 | | 指定変更申請をする 事業の事業開始予定 年月日 | | | | | 様式 | | | 実施事業 | | | | 他の法律において既に 指定を受けている事業 の指定年月日 | | | 利用定員  （入所定員） | | | | 変更前 | | 変更後 | | サービスを 行う事業所 |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | | 指定障害者 支援施設 |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | |  | | | |  | | |  | |  | | 事業所番号 | | | 同一の法律において既に指定を受けている場合 | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  | |  | |  |  | | | |  | |   注１　用紙の大きさは、日本工業規格Ａ列４番とします。  ２　「事業所（施設）所在地市町番号」欄には、記載しないでください。  ３　「法人の種別」欄には、社会福祉法人、医療法人、一般社団法人、一般財団法人、株式会社等の別を記入  してください。  ４　「法人所轄庁」欄には、申請者が認可法人である場合に、その主務官庁の名称を記載してください。  ５　「同一所在地において行う事業の種類」欄には、今回申請をするものおよび既に指定を受けているものに  ついて事業の種類を記載し、該当する欄に○を付してください。  ６　「事業所番号」欄には、滋賀県において既に事業所としての指定を受け、番号が付番されている場合に、  その事業所番号を記載してください。複数の番号を有する場合には、適宜様式を補正して、その全てを記載  してください。 |