様式１

助成金

【記入方法の問合せ先】富山県新型コロナウイルス感染症拡大防止協力金コールセンター

電話番号：０７６－４４４－５５９１（受付時間：午前９時～午後５時）

受付欄（記入不要）

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| 「食事提供施設」新型コロナウイルス感染防止緊急対策事業費助成金交付申請書及び実績報告書  　申請日　令和　年　月　日   |  |  | | --- | --- | | 事業者 | 所在地（住所） | | フリガナ | | 名　称 | | 代表者 | 役職 | | フリガナ  印 | | 氏　名 |   富山県知事　様  　　　　　　　　　　　　　　　　　※法人の方は代表者印、個人事業主の方は認印の押印をお願いします。  富山県補助金等交付規則に基づき、「食事提供施設」新型コロナウイルス感染防止緊急対策事業費助成金の交付を受けたいので、関係書類を添えて申請します。  **１　助成対象事業に要した経費等**   |  |  | | --- | --- | | **経費(消費税及び地方消費税の額を含む。)** | **円** | | **整備完了日** | **月　　日** |   **２　助成対象の内容（税込み金額で記載）**   |  |  |  | | --- | --- | --- | | **区分** | **金額** | **購入店名または施工業者名** | | 1. **飛沫感染防止アクリル板** | **円** |  | | 1. **透明ビニールカーテン** | **円** |  | | 1. **非接触型自動水栓（蛇口）** | **円** |  | | 1. **換気扇** | **円** |  | | 1. **空気清浄機** | **円** |  | | 1. **トイレ内の人感センサー付き照明器具** | **円** |  | | 1. **店内の換気に必要な網戸** | **円** |  | | 1. **自動消毒液噴霧器（ﾉｰﾀｯﾁ式ﾃﾞｨｽﾍﾟﾝｻｰ）** | **円** |  | | 1. **非接触体温計** | **円** |  | | 1. **その他知事が認めるもの（※　　　　　　　）** | **円** |  | | **合計（対象事業は125,000円以上とします）** | **円** |  |   ※具体的に記載して下さい。  **３　助成対象事業を実施した食事提供施設（複数施設にわたる場合は、別紙に記載ください。(様式任意)）**  　　名称(屋号)：  所　在　地：  **４　富山県・市町村新型コロナウイルス感染症拡大防止協力金の申請の有無**　**（有・無）**  **５　「新型コロナウイルス感染拡大にかかる富山県緊急事態措置（令和２年５月５日変更）」に掲げる「１ 措置を実施する期間」において、５月11日（月）以降に酒類を提供する場合は、その提供時間は20時までとしています。**  **６　申請事業者**  ※該当するものに☑をお願いします。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 事業者の区分 | | ☐ 中小企業　　☐ 個人事業主　　☐ その他（従業員数100人以下） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 中小企業のみ記入 | 業種分類 | ☐ サービス業 　☐ 卸売業 　☐ 小売業 　☐ 製造業その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 資本金 | ☐ ５千万円以下　　　　　　　☐ ５千万円より多く１億円以下  ☐ １億円より多く３億円以下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 従業員数 | ☐ 50人以下　　　　　　　　　☐ 50人より多く100人以下  ☐ 100人より多く300人以下　 ☐ 300人より多い | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 法人番号 |  |  | |  |  | | |  | | |  | | |  | | |  | | |  |  | | |  | | |  | | |  | | | 振込先  ※１ |  | | | | 銀行・金庫・組合農協・漁協 | | | | | | |  | | | | | | | | | | | | 本店・支店・出張所  本所・支所 | | | | | | | | | | 金融機関コード※2 | | | |  | |  | | |  | | |  | | | 支店コード※2 | | | | | | | | | |  | | |  | | |  | | 店番※3 |  | | | | | | | | | | 預金種類 | | | | | | | | 普通 | | | | | | | 当座 | | | | | | | ☐ | | | | | | | ☐ | | | | | | | 口座番号 |  | |  | | | |  | | | | | |  | | | | |  | | | |  | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 担当者 | 役職 |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 連絡先 | (電話) | | | | | | | | | | | | | | | (携帯) | | | | | | | | | | | | | | | |   ※１　協力金の申請をした方は、同協力金の振込先となりますので、振込先の記載は不要です。  ※２　金融機関コード、支店コードが分かる場合は記載をお願いします。  ※３　振込先をゆうちょ銀行とする場合は記載をお願いします。 |

助成金交付申請書及び実績報告書（本書）の添付書類

※チェックリスト（郵送前に必ずチェック欄にチェックください）

|  |  |
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| チェック欄 | 書　類　名 |
|  | **添付書類（①～⑤のとおり）**ただし、協力金の申請をした方は①と②のみ提出してください。 |
| ☐ | 1. 領収書やレシートの写し   ※助成対象の内容（設備の名称）が分かるものをA４用紙へ貼り付けてください。 |
| ☐ | 1. 施設内における整備状況が分かる①遠景写真及び②近景写真（それぞれ１枚）   （現像写真をA４用紙へ貼り付けるか、A４用紙へﾌﾟﾘﾝﾄｱｳﾄ(出力)したもの） |
| ☐ | 1. 飲食店営業許可証の写し |
| ☐ | **④振込先口座と口座名義が分かる通帳の写し（通帳１ページ目の見開き部分）**  ※振込先の口座は申請事業者ご本人の口座に限ります（法人の場合は当該法人の口座に限ります。）。様式１の口座と同じものに限ります。 |
| ☐ | ⑤本人確認書類の写し（ｱ:運転免許証（裏面記載がある場合は裏面も）、ｲ:パスポート）  ※個人事業主のみ、ｱ又はｲのいずれかの提出が必要です。  ※運転免許証、パスポートが無い場合は、健康保険証かつ住民票又は公共料金領収書など（計２種）の写しの提出をお願いします。 |

　　　※①～⑤の書類は、原則A４用紙への貼り付け又はプリントアウト（出力）により

提出願います。