**《滑县烟草制品零售点合理布局规定》修订**

**听证会申请报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **身份证号码** | | | |  | | |
| **性别** |  | **年龄** |  | | **民族** |  | **学历** |  |
| **通讯地址** |  | | | **联系方式** | | **手机** |  | |
| **座机** |  | |
| **Email** |  | |
| **代表身份** | **1.持证零售户□  2.申请办证户□**  **3.消费者□    4.其他□**  **（在相应的“□”内打“√”）** | | | | | | | |
| **申请原因** |  | | | | | | | |

**申请人签字：            申请日期： 年 月 日**