**証紙販売者の指定の取消し申出書**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 令和 |  | 年 |  | 月 |  | 日 |

　（あて先）茅ヶ崎市長

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 販売者 | 住所 | 〒 |  | | - | |  | | |  | |
| 事業者名 |  | | | | | | | | | |
| 代表者名 |  | | | | | | | | | |
| 電話番号 |  | | - | |  | | - |  | |

　茅ヶ崎市収入証紙の販売者の指定の取消しを次のとおり申し出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 店舗等の名称 |  | | | | | | | | | | | |
| 店舗等の所在地 | 〒 |  | | - | |  | | |  | | | |
| 取消し年月日 | 令和 | |  | | 年 | |  | 月 | |  | 日 |  |