№

**適格請求書（インボイス）の交付　　　要　・　不要**

**※交付は課税事業者に限ります。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **板橋区立公園における行為の許可及び占用許可申請書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （宛先）板橋区長 | | | | | | | | | | | | 令和 | | | | |  | | | | | 年 | |  | | | | 月 | | | |  | | | | 日 | |
| 申請者住所又は団体所在地 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 団体名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 申請者氏名又は代表者氏名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 電話 | | | | | | | | | | | |  | | | - | | |  | | | | | | | - | |  | | | | | | |  | | | |
| 担当者（上記と異なる場合） | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 電話 | | | | | | | | | | | |  | | | ‐ | | |  | | | | | | | ‐ | |  | | | | | | |  | | | |
| 東京都板橋区立公園条例第５条第１項及び第７条の許可を受けたいので、下記のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公　園　名 |  | |  | | | | | | | | | | | | | | | | 公園・緑地・児童遊園 | | | | | | | | | | | | | | | | | | |
| 目　的  （行事名） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 期　間 | 令和 | | |  | 年 | |  | 月 | | |  | | | 日から | | | | | | 午 | | |  | | | 時 | | | |  | | | 分から | | | | |
| 令和 | | |  | 年 | |  | 月 | | |  | | | 日まで | | | | | | 午 | | |  | | | 時 | | | |  | | | 分まで | | | | |
| 内　容 | 内容 | | | | | | | | | | | | | | | | | | | 面積 | | | | | | | | | ㎡ | | | | | | | | |
| 利用人数 | | | | | | | | | 名 | | | | | | | | |
| 占用料 | 単価　　1㎡あたり  1時間あたり | | | | | | | | | |  | | | | | 円/日  円　　　占用料 | | | | | | | | | | | |  | | | | | | | | | 円 |
| 使用場所・公園施設の位置図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※管理課記入欄（申請者記入不要） | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 台帳記入 | | 事前協議 | | | | 鍵の使用 | | | | | | | SC送付 | | | | | | | | 電話連絡 | | | | | | | | | |  | | | | | | |
|  | |  | | | | 有・無 | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |