附件2

自动制售设备放置地点、数量调整清单

日期： 年 月 日

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| 经营者名称 | |  | | | 食品经营  许可证号 |  | |
| 经营场所 | |  | | | | | |
| 填报人 | |  | | | 联系电话 |  | |
| **序号** | **设备名称** | | **数量** | **具体放置地点** | | | **备注** |
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注：设备放置地点、数量发生变化的，应填报变化后的信息，并在备注栏注明原报告的信息。