附件5

企业违法经营情况核查表

填表时间：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 企业名称 | （盖章） | | 经营方式 |  | | 经营范围 |  | | | | | 许可证编号及到期时间 | 年   月   日到期 | | | | | 法人代表人 |  | 联系人及电话 |  | | | 36个月内有无违法经营行为 |  | | | | | 36个月内有无违法经营假劣药品行为  是否存在未执行完毕的行政处罚 | |  | | | | 省（市）级局意见  （盖章） | 年   月   日 | | | | | 市食品药品稽查支队意见  （盖章） | 年   月   日 | | | | |  |  |  |