|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hal | : | Permohonan Surat Izin Apotik (SIA) | | |  |
|  | | |  |  |  |
| Yang terhormat, | | |  |  |  |
| Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu | | | | |  |
| Kabupaten Sumedang | | |  |  |  |
|  | | |  |  |  |
| Di | | |  |  |  |
| Sumedang | | |  |  |  |
|  | | |  |  |  |
| Dengan hormat, | | |  |  |  |
|  | | |  |  |  |
| Yang bertanda tangan di bawah ini: | | | | |  |
| Nama Lengkap | | | : |  |  |
| No. KTP | | | : |  |  |
| Alamat | | | : | .................................................................................................................................................................................................................. | |
|  | | | Telepon: ................................................ | |  |
| NPWP | | | : | ....................................................... |  |
| No. STRA | | | : | ....................................................... |  |
| Masa berlaku STRA | | | : | ....................................................... (tanggal, bulan, tahun) | |
|  | | |  |  |  |
| Dengan ini mengajukan permohonan untuk mendapatkan Surat Izin Apotek, pada: | | | | | |
| Nama Apotek | | | : | ....................................................... |  |
| Alamat Apotek | | | : | ......................................................................................................... |  |
| Telepon | | | : | ....................................................... |  |
| Desa/Kelurahan | | | : | ....................................................... |  |
| Kecamatan | | | : | ....................................................... |  |
| Kabupaten | | | : | Sumedang |  |
|  | | |  |  |  |
| Sebagai bahan pertimbangan bersama ini kami lampirkan : | | | | |  |
| 1. fotokopi STRA; | | | | |  |
| 1. fotokopi Kartu Tanda Penduduk; | | | | |  |
| 1. fotokopi NPWP; | | | | |  |
| 1. fotokopi peta lokasi dan denah bangunan; | | | | |  |
| 1. daftar prasarana, sarana, dan peralatan; | | | | |  |
|  | | |  |  |  |
| Demikian, atas perhatian dan perkenannya kami ucapkan terima kasih. | | | | | |
|  | | |  |  |  |
|  | | |  | Pemohon  (.........................................)  Nama Lengkap |  |
|  | | |  |  |  |