附件1

四川水发科创中心餐饮一体化管理运营方案征集活动报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应征单位 | |  | | |  | | 法定代表人 | |  | |
| 通信地址 | |  | | |  | | 邮编 | |  | |
| 电话 | |  | | |  | | 电子邮箱 | |  | |
| 本项目联系人 | |  | | |  | | 联系人手机 | |  | |
| 资质情况 | |  | | | | | | | | |
| 类似项目业绩 | | | | | | | | | | |
| 序号 | 项目名称 | | 餐厅面积 | 就餐人数 | | 委托内容 | | 合同签署时间 | | 项目说明 |
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