



Government of **Western Australia**  
 Department of **Commerce**  
 Consumer Protection

Send completed form to:  
 Retail Trading Hours  
 Department of Commerce  
 Locked Bag 14 Cloisters Square,  
 PERTH WA 6850  
 Phone: (08) 9282 5641  
 Fax: (08) 9282 4363

WESTERN AUSTRALIA  
 RETAIL TRADING HOURS ACT 1987  
**SMALL RETAIL SHOP  
 APPLICATION FOR CERTIFICATE**

1. \_\_\_\_\_  

*(Applicant Names - individuals or body corporate)*

 hereby applies for a certificate as a Small Retail Shop in accordance with the terms specified in the *Retail Trading Hours Act 1987*.
  
2. This application is made in relation to the retail shop trading under the name of *(name of shop)*  
 \_\_\_\_\_ (BN \_\_\_\_\_)  
 located at \_\_\_\_\_  
 \_\_\_\_\_ *(Phone)* \_\_\_\_\_
  
3. The applicant/s nominated in paragraph 1 above own and operate the shop referred to in paragraph 2 above and no other person or body owns or operates that shop.
  
4. The retail shop referred to in paragraph 2 above is operated only for the benefit of the individual applicant/s or the members of the body corporate as the case may be referred to in paragraph 1 above and their respective families.
  - (4a) Is this business currently operating? Yes/No  
 If No, when will operations commence *(date)* \_\_\_\_\_
  
5. **THIS SECTION MUST BE FULLY COMPLETED -**
  - (A) Does any individual applicant, body corporate applicant or any members of the body corporate referred to in paragraph 1 above alone or together with any other person own or operate any retail shop other than the retail shop referred to in paragraph 2 above?  
 Yes/No      If Yes, list trading names and addresses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
  - (B) Is there any agreement between any applicant individual, body corporate or any member of the applicant body corporate and any other person (other than -
    - (a) the landlord of the retail shop; or
    - (b) a person holding a security over the premises of the retail shop or the goods or services sold or provided at the retail shop),

under which that other person has a power, either express or implied, on termination of the agreement or at any other time to:-

- (i) enter the retail shop personally or by an agent to operate the retail shop; or
- (ii) assign the right to operate the retail shop? \_\_\_\_\_

(C) Are the individual applicants or members of the applicant body corporate actively engaged in the operation of the retail shop referred to in paragraph 2? \_\_\_\_\_

(D) For how many hours in each week are the applicant/s or members of the applicant body corporate engaged in operating the retail shop referred to in paragraph 2? \_\_\_\_\_

\_\_\_\_\_  
*(Please answer this question in relation to each member)*

(E) What is the maximum number of persons (including applicants or members of the applicant body corporate) engaged in operating the retail shop at any one and the same time?  
\_\_\_\_\_

Date \_\_\_\_\_

(Signed) \_\_\_\_\_  
*(To be signed by all applicants or members of the body corporate as the case may be)*

(Signed) \_\_\_\_\_  
*(To be signed by all applicants or members of the body corporate as the case may be)*

(Signed) \_\_\_\_\_  
*(To be signed by all applicants or members of the body corporate as the case may be)*

(Signed) \_\_\_\_\_  
*(To be signed by all applicants or members of the body corporate as the case may be)*

(Signed) \_\_\_\_\_  
*(To be signed by all applicants or members of the body corporate as the case may be)*

(Signed) \_\_\_\_\_  
*(To be signed by all applicants or members of the body corporate as the case may be)*

<b>OFFICE USE ONLY:</b>	
RECOMMENDED R.T.B.	YES / NO
CHECK 1	YES / NO
CHECK 2	YES / NO
CHECK 3	YES / NO
CHECK 4	YES / NO
APPLICATION APPROVED	YES / NO
SIGNATURE .....	DATE: .....
<b>LAST INFORMATION RECEIVED</b>	
Date:	Inspector:
Comment: _____	
_____	