



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 FILLING STATION
 APPLICATION FOR CERTIFICATE**

1. _____
 (Applicant - individuals or body corporate)
 hereby applies for a certificate as a Small Filling Station in accordance with the terms specified in the *Retail Trading Hours Act 1987*.

2. This application is made in relation to the filling station trading under the name of *(name of filling station)*

 located at _____
 _____ (Phone) _____

3. The applicant/s nominated in paragraph 1 above own and operate the filling station referred to in paragraph 2 above and no other person or body owns or operates that station.

4. **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) Are the individual applicants or members of the applicant body corporate actively engaged in the operation of the filling station referred to in paragraph 2? _____

 - (C) For how many hours in each week are the applicant/s or members of the applicant body corporate engaged in operating the filling station referred to in paragraph 2?

 (Please answer this question in relation to each member)

 - (D) What is the maximum number of persons (including applicants or members of the applicant body corporate) engaged in operating the filling station 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)

OFFICE USE ONLY:

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:

LAST INFORMATION RECEIVED

Date:

Inspector:

Comment: _____
