

Special retail shop application for certificate

## Special retail application

Under what category of special retail shop do you wish to apply for this certificate? (As prescribed in the Retail Trading Regulations 1988) (select one):

* Motor vehicle spare parts shops
* Shops at sports venues
* Art and craft shops
* Hardware and home improvement shops
* Pharmacies
* Shops at international standard hotels
* Boating shops
* Souvenir and duty free shops
* Video shops
* Garden nurseries
* Newsagencies and bookshops

## Applicant information

**Applicant type** (select one) \*

* Individual/sole trader
* Company (body corporate) - To apply on behalf of a company, you must be a director, shareholder or secretary of the company, or be authorised to act on behalf of the company.
* Partnership
1. **Applicant name**\* full name of the individual/sole trader, company or partnership applying for the special retail shop certificate.

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1. **Applicant contact**\*

Phone\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Registered trading name and location**

The retail shop above is/will be trading under the registered trading name of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shop address\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Suburb\*\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\*\_\_\_\_\_\_\_Postcode\*\_\_\_\_\_\_\_\_\_

1. **Is this business currently operating? \***
* Yes
* No

If No, when will the operations commence (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Suburb\*\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\*\_\_\_\_\_\_\_Postcode\*\_\_\_\_\_\_\_\_\_

## Declaration

* Only goods and services or both that are prescribed in relation to a special retail shop of the category selected are sold or provided at the retail shop
* I am authorised to make this application as the applicant or member of the applicant group.
* The information provided in this application is correct, to the best of my knowledge

Signature: ……………………………………………………………Date: ……………………………..

Office use only

Check 1: Yes /No

Check 2: Yes /No

Check 3: Yes /No

Check 4: Yes /No

Recommended R.T.B: Yes /No

Application Approved: Yes/No

Signature: ……..………………………………………. Date: …………………………………

## Last information received:

## Inspector::………………………………………………. Date: …………………………………

Comment:……………………………………………………………………………………………