



Small retail shop application for certificate

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 small retail shop certificate.

2. **Applicant contact***

Phone* _____ Mobile _____ Other _____

Email* _____

3. **Registered trading name and location**

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

Shop address*

Suburb* _____ State* _____ Postcode* _____

4. **Is this business currently operating? ***

- Yes
- No

If No, when will the business commence operations (date) _____

Postal address

Suburb* _____ State* _____ Postcode* _____

Retail shop operations

5. The applicant owns and operates the shop referred to above and no other person or body corporate owns or operates the shop.

Yes

No

6. The retail shop above is operated for the benefit of the individual applicant(s) or the members of the applicant body corporate and their respective families.

Yes

No

7. The individual applicants or members of the applicant body corporate are personally and actively engaged in the retail shop.

Yes

No

8. What is the maximum number of persons (including applicants or members of the applicant body corporate) engaged in operating the retail shop at any given time? * _____

9. How many hours each week are the individual applicant(s) or members of the applicant body cooperate engaged in operating the retail shop?

Applicant/member name _____ hours _____

Applicant/member name _____ hours _____

Applicant/member name _____ hours _____

Applicant/member name _____ hours _____

Applicant/member name _____ hours _____

10. Do you or any other applicants listed on this application form own or operate any other retail shop either alone or with other persons?

Yes

No

If Yes, please list all trading names and addresses

Trading name _____

Shop address _____

Suburb _____ State _____ Postcode _____

Trading name _____

Shop address _____

Suburb _____ State _____ Postcode _____

Trading name _____

Shop address _____

Suburb _____ State _____ Postcode _____

11. Do you trade under a franchise agreement, business lease or any other agreement? *

Yes

No

If Yes, does the agreement allow for the franchisor or any other person or their agent to enter the shop or assign the right to operate the retail shop?

Yes

No

12. Does the shop trade under a trust?

- Family trust
- Unit trust
- Discretionary trust
- Other
- No, the shop does not trade under a trust

Declaration

- 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:.....