



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
**SPECIAL RETAIL SHOP
 APPLICATION FOR CERTIFICATE**

1. _____
(Names of proprietors or Body Corporate)

of _____
(Residential or Postal Address)

(Phone) _____ the operators of the retail shop known as _____ located
 at _____ hereby apply
 for a certificate in relation to the retail shop certifying it to be a special retail shop within the
 category _____ prescribed under the Retail Trading Hours
 Act 1987.

2. In support of this application we the undersigned (all operators/directors to sign) declare that only
 goods or services or both that are prescribed in relation to a special retail shop of the category
 _____ are sold or provided at the retail shop.

SIGNATURE _____ SIGNATURE _____

Dated: _____

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: _____