GOVERNMENT OF WESTERN AUSTRALIA

Department of **Local Government, Industry Regulation and Safety**
Consumer Protection

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:……