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.

_____

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 operations commence (date) _____

Postal address

_____

_____

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: …………………………..