



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: \_\_\_\_\_