



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
**SMALL FILLING STATION
 APPLICATION FOR CERTIFICATE**

1. _____
 (*Applicant - individuals or body corporate*)

hereby applies for a certificate as a Small Filling Station in accordance with the terms specified in the *Retail Trading Hours Act 1987*.

2. This application is made in relation to the filling station trading under the name of (*name of filling station*)

located at _____

_____ (*Phone*) _____

3. The applicant/s nominated in paragraph 1 above own and operate the filling station referred to in paragraph 2 above and no other person or body owns or operates that station.

4. **THIS SECTION MUST BE FULLY COMPLETED**

(A) Does any individual applicant, body corporate applicant or any members of the body corporate referred to in paragraph 1 above alone or together with any other person own or operate any retail shop other than the retail shop referred to in paragraph 2 above?

Yes/No If Yes, list trading names and addresses _____

(B) Are the individual applicants or members of the applicant body corporate actively engaged in the operation of the filling station referred to in paragraph 2? _____

(C) For how many hours in each week are the applicant/s or members of the applicant body corporate engaged in operating the filling station referred to in paragraph 2?

(Please answer this question in relation to each member)

(D) What is the maximum number of persons (including applicants or members of the applicant body corporate) engaged in operating the filling station at any one and the same time?

Date _____

(Signed) _____

(To be signed by all applicants or members of the body corporate as the case may be)

(Signed) _____

(To be signed by all applicants or members of the body corporate as the case may be)

(Signed) _____

(To be signed by all applicants or members of the body corporate as the case may be)

(Signed) _____

(To be signed by all applicants or members of the body corporate as the case may be)

(Signed) _____

(To be signed by all applicants or members of the body corporate as the case may be)

(Signed) _____

(To be signed by all applicants or members of the body corporate as the case may be)

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: _____
