

# Application for retail trading on restricted trading days

Retail Trading Act 2008



Finance & Services

## Applicant's details

Applicant's name: [name of company/ sole trader/ partnership]			
Trading / Business name:		ABN/ACN:	

## Contact details

Person making the application: [contact name]		Position Title:	
Street address: [include town/city & postcode]			
Postal address: [if different to above]			
Telephone number:	( )	Fax number:	( )
Mobile number:		Email:	

**Important note.** In the case of an application for an exemption relating to more than one shop or restricted trading day, the information below should be provided separately for each shop and day. **If insufficient space has been provided, please attach additional numbered sheets containing required particulars.**

Please specify the shop and restricted trading day to which the information below relates:

## Information on the name and location of the shop subject of this application

Full street address, including town/city, state and postcode	

## Details of exemption being sought

Please identify the restricted trading day/s for which you are seeking an exemption: <i>[Check the boxes for those days for which you are seeking an exemption to trade]</i>	<input type="checkbox"/>	Good Friday
	<input type="checkbox"/>	Easter Sunday
	<input type="checkbox"/>	Before 1pm on ANZAC Day
	<input type="checkbox"/>	Christmas Day
	<input type="checkbox"/>	Boxing Day
Are you seeking an exemption for the current year or for a number of years (up to 3 years): <i>[check one of these boxes and specify your choice]</i>	<input type="checkbox"/>	Specify the dates for which you are seeking exemption _____ OR
	<input type="checkbox"/>	specify those years (up to 3 years) for which you are seeking an exemption _____

## Information required to support the application *[Please attach additional pages for more shops]*

Please nominate the proposed trading hours:	Commencing at: (am / pm)	
	Closing at: (am / pm)	





