



Applicant details

Applicant's Name:.....

Business Name:.....

Trading name:.....

ABN/ACN:

Contact details:

Street Address:.....

City/Town:..... Post Code:.....

Postal address:(if different from above).....

City/town:..... Post Code:.....

Telephone number:..... Fax.....

Email address:.....

Person making the application:.....

Position title:.....

Details of exemption being sought

Please identify the restricted day/s you are seeking an exemption for;

Good Friday Easter Sunday Before 1 pm on ANZAC Day

Christmas Day Boxing Day

Is the exemption for a:

a specific day or days or period, being.....

Or

up to three years.

Please nominate the proposed trading hours:

Commencing at AM/PM

Closing at:..... AM/PM

Additional information required to support application.

The Director-General may only grant an exemption if satisfied that it is, in the exceptional circumstances of the case, in the public interest to approve this application.

What is the nature of the business and goods sold?

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What is the need for the shop to be open on a restricted day/s?

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What is the likely effect on the local economy, tourism, small businesses and other businesses in the area if the exemption is granted?

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What is the likely effect on employees or persons working in the shop if the exemption is granted?

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Employees working on restricted day/s will be employed under which industrial instrument/s?.....

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Number of employees likely to work in the shop(s) if the exemption is granted?.....

This application will be put on public exhibition by the Director-General of the NSW Department of Services, Technology and Administration. It is an offence to fail to comply with any conditions imposed on an exemption by the Director-general or delegated officer.

Signature:.....

Date:.....