

# APPLICATION FORM

## Retail Trading on Restricted Trading Days

*Retail Trading Act 2008*



1800 502 042 [fairtrading.nsw.gov.au](http://fairtrading.nsw.gov.au)

**Please read this information before completing this form.**  
**This form can be completed in Adobe Reader and saved for your records.**

**Use this form to apply for retail trading on restricted trading days.**

### How to fill in this form

Please type directly into this form. When complete, save a copy before printing. If completing by hand, please print clearly and mark box(es) with a tick ✓ where required.

You will need to ensure that all sections of the form are completed. Additional sheets may be included if there is insufficient space on the form to provide your supporting evidence. Please number all additional pages.

**For assistance call 13 32 20.**

### Fees

There are no fees associated with this application.

### How to lodge

**Email:** [FTLicensing@customerservice.nsw.gov.au](mailto:FTLicensing@customerservice.nsw.gov.au)

### Privacy compliance statement

Information that you voluntarily provide in this form is collected by NSW Fair Trading to assess and process your application. NSW Fair Trading intends to use and disclose the information

(including any personal information) you have provided to exercise its functions under the *Retail Trading Act 2008*, including to administer, monitor and enforce compliance with that Act.

**The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form.**

# APPLICATION FORM

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Fee - Nil

### 1. Applicant details

Applicant's name *(name of company / sole trader / partnership)*

Business / Trading name

ABN / ACN

### 2. Contact details of person making the application

Title Given name(s)

Family/Surname

Address

Suburb

State

Postcode

Postal address *(if different to above)*

Suburb

State

Postcode

Telephone number

Mobile number

Email address

### 3. Name and location of the shop/s subject of this application

**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, attach additional numbered sheets.**

State the name and full street address (including city/town and postcode) of the shop/s for which you are seeking an exemption:

Name of shop *(in full)*

Address

Suburb

State

Postcode

#### 4. Details of exemption being sought

Please identify the restricted trading day/s for which you are seeking an exemption:

☐ Good Friday    ☐ Easter Sunday    ☐ ANZAC Day    ☐ Christmas Day

Is the exemption for:

☐ a specific day or days (*specify the date or dates*), or

☐ a specific period (*specify the period in years*)

#### 5. Information required to support the application

Please nominate the proposed trading hours:

Commencing at: (*am/pm*)

Closing at: (*am/pm*)

#### 6. Exceptional circumstances

An exemption may only be granted if it is, in the exceptional circumstances of the case, in the public interest to do so. "Exceptional circumstances" must be more than "special circumstances" to satisfy the requirements under section 10 (2) of the *Retail Trading Act 2008*. For guidance on the test for "exceptional circumstances", refer to *Dwyer v Department of Services, Technology and Administration and Kmart Australia Limited* [2010] NSWADT 312.

Specify the exceptional circumstances in support of your exemption application for the shop and restricted trading day:

## 7. Public interest

To help determine whether the exemption sought is in the public interest, answer the following questions:

1. What is the nature of the shop and kinds of goods sold?

2. Why does the shop need to be kept open on the restricted trading day?

## 7. Public interest *(continued)*

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

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

*[In your response indicate the number of employees likely to work on the restricted trading day if an exemption is granted, and specify the industrial instrument/s (including agreement number/s), under which employees working on the day will be employed]*

## 8. Applicant's declaration

**Note.** Regard will be had to each of the matters listed above in determining whether the exemption sought is in the public interest. This application will be put on public exhibition.

**It is an offence to fail to comply with any conditions imposed on an exemption.**

I am authorised to complete this application on behalf of the organisation.

- I acknowledge that failure to provide all required information may result in refusal of the application.
- I consent to the making of enquiries and the exchange of information with NSW Fair Trading and other authorities in NSW, other states and territories or the banking industry regarding any matter, relevant to this application.
- I declare that the contents of this application including any attachments are true and correct in every particular.
- I am aware the application will be publicly exhibited for a period of at least 14 days for public comment.
- I acknowledge that under section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or deficient information in this application.
- I understand that specific details I have supplied in this application may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*, and that NSW Fair Trading is collecting personal information to enable processing of the application and may disclose this information to other Government agencies. I also understand that personal information is any information or opinion that identifies an individual, or enables someone to identify an individual.

Signature

Date signed (DD/MM/YYYY)

This form is designed to be completed in Adobe Reader. A cross appearing in the digital signature field above may indicate a compatibility issue. If a cross appears please sign here

Printed name