

APPLICATION FOR A LICENCE UNDER SECTION 17 OF THE SHOP TRADING HOURS ACT, 1977 TO SELL MOTOR SPIRIT AND LUBRICANTS
Shop Trading Hours Act, 1977
2 Year Licence - No Fee Payable

Assistance with this form can be obtained from the Dangerous Substances/Petroleum Products Regulation Act Information sheet, available at www.safework.sa.gov.au

1. Applicant details

Australian Business Number (ABN)		Australian Company Number (ACN)	
<input type="text"/>		<input type="text"/>	
Registered name of body corporate (if applicable)			
<input type="text"/>			
Business registration (trading) name (if applicable)			
<input type="text"/>			
Name of the individual or contact person for body corporate			
Family name	Given name(s)	Title	M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth			
<input type="text" value="DD/MM/YYYY"/>			
Registered business address for body corporate (if applicable)			
Street Number		Street Name	
<input type="text"/>		<input type="text"/>	
Suburb/town		State/territory	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal address (if different from above)			
<input type="text"/>			
Telephone	Mobile	Facsimile (optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			
Nature of business or undertaking being carried out			
<input type="text"/>			

2. Existing Licence Information

Do you have a licence to Keep Dangerous Substances? No Yes
If Yes, Please provide the Licence Number

Do you have a licence to Sell Petroleum Products? No Yes
If Yes, Please provide the Licence Number

3. Declaration:

I/ we hereby make application for a licence to sell motor spirit and lubricants for motor vehicles and permitted goods, pursuant to Section 17 of the *Shop Trading Hours Act, 1977*, and declare that I/ we will fully observe all the conditions which may be imposed upon me/us under this section, and that I am /we are aware that such licence may be cancelled at any time by the Minister under the provisions of the said Section.

I, of

Name (in block letters) Street number street name

		Suburb/town		State/territory	Postcode
declare that the above details are true and correct					
Personal signature of Public Officer/ Secretary/ Proprietor or Authorised Person			Date		