STATUTORY RULES OF NORTHERN IRELAND

2016 No. 98

PUBLIC HEALTH

The Tobacco Retailer (Fixed Penalty) (General) Regulations (Northern Ireland) 2016

Made - - - -	*2nd March 2016*
Coming into operation	*1st July 2016*

The Department of Health, Social Services and Public Safety makes the following Regulations, in exercise of the powers conferred by sections 12(7) and 24(3) of the Tobacco Retailers Act (Northern Ireland) 2014(**1**).

Citation and commencement

1.—(1) These Regulations may be cited as the Tobacco Retailer (Fixed Penalty) (General) Regulations (Northern Ireland) 2016 and shall come into operation on 1st July 2016.

Commencement Information
I1 Reg. 1 in operation at 1.7.2016, see **reg. 1(1)**

Form of fixed penalty notice

2. A fixed penalty notice shall be in the form set out in the Schedule.

Commencement Information
I2 Reg. 2 in operation at 1.7.2016, see **reg. 1(1)**

(**1**) 2014 c.4 (N.I.)

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on 2nd March 2016.

L.S.

Dr Gerard Mulligan
A senior officer of the
Department of Health, Social Services and
Public Safety

[F1][F2]SCHEDULE

Regulation 2

The Tobacco Retailers Act (Northern Ireland) 2014

F1 Sch.: in Form Pt 2 the words "/the Health (Miscellaneous Provisions) Act (Northern Ireland) 2016" inserted after "Children and Young Persons (Protection from Tobacco) (Northern Ireland) Order 1991" (1.1.2022) by The Tobacco Retailer (Fixed Penalty) (General) (Amendment) Regulations (Northern Ireland) 2021 (S.R. 2021/326), regs. 1, **2(2)**

F2 Sch.: in Form Pt 3 the words "Acceptable methods of payment are cash, cheque, postal order or money order." substituted for "Acceptable methods of payment may include cash, cheque, postal order or money order." (1.1.2022) by The Tobacco Retailer (Fixed Penalty) (General) (Amendment) Regulations (Northern Ireland) 2021 (S.R. 2021/326), regs. 1, **2(3)**

Commencement Information

I3 Sch. in operation at 1.7.2016, see **reg. 1(1)**

FIXED PENALTY NOTICE

[NAME OF DISTRICT COUNCIL]

[ADDRESS OF DISTRICT COUNCIL]

PART 1

RECIPIENT COPY

Penalty Notice Number:_____

Full name and address of alleged offender:_____

_____

_____**Postcode:**_____

Date of birth (if known):_____

I,_____*(name),* an authorised officer of the [*name of District Council*], have reason to believe that you committed the following offence under section/Article _____ of the Tobacco Retailers Act (Northern Ireland) 2014/the Health and Personal Social Services (Northern Ireland) Order 1978/the Children and Young Persons (Protection from Tobacco) (Northern Ireland) Order 1991 **[**[F3]/the Health (Miscellaneous Provisions) Act (Northern Ireland) 2016**]** . *(Delete those statutes which do not apply.)*

Alleged offence: The circumstances alleged to constitute the offence are that at_____*(time)*

on _____*(date)* you, at/on the following premises *(where alleged offence took*