STATUTORY RULES OF NORTHERN IRELAND

2016 No. 97

PUBLIC HEALTH

The Tobacco Retailer (Registration and Display of Notices) Regulations (Northern Ireland) 2016

Made - - - -	*2nd March 2016*
Coming into operation	*6th April 2016*

The Department of Health, Social Services and Public Safety makes the following Regulations, in exercise of the powers conferred by sections 1(6), 2(2), 8(5) and 24(3) of the Tobacco Retailers Act (Northern Ireland) 2014(**1**).

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Tobacco Retailer (Registration and Display of Notices) Regulations (Northern Ireland) 2016 and shall come into operation on 6th April 2016.

(2) In these Regulations, "the Act" means the Tobacco Retailers Act (Northern Ireland) 2014.

Registration authority

2. Belfast City Council is prescribed as the registration authority for the purposes of the Act.

Form and manner of application to the register

3. An application to be registered under section 2 of the Act shall be made in writing on the form set out in Schedule 1.

Tobacco Retailer Restricted Premises Order Notice – dimensions, wording and the size of statement

4.—(1) The following are prescribed for the purposes of section 8(5) of the Act.

(2) The dimensions of the notice are not less than 297 millimetres by 420 millimetres.

(3) The wording of the statement to be displayed on the notice is set out in Schedule 2.

(4) The statement on the notice is of a size such that no character is less than 36 millimetres high.

(**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

SCHEDULE 1 Regulation 3

Information to be provided on an application for the purpose of registration

Section 1: Business details

Business name _____

Type of business: Sole Trader ☐ Partnership ☐ Company ☐
(tick only one)

Company registration number _____
(if you are a company)

Section 2: Applicant details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify) _____

Full name _____

Contact address _____

_____ Town or city _____

County _____ Country _____ Postcode _____

Contact phone number _____

Email _____

If an email address is provided, all correspondence from the Registration Authority will be sent via email.

Section 3: Premises details (extra sheet in Section 5)

Name of premises _____

Type of premises: Fixed ☐ Mobile vehicle ☐ Moveable structure (for example stall) ☐

Vehicle registration number (if mobile vehicle) _____

Street trading registration number (if moveable structure) _____

Premises address 1 _____

Premises address 2 _____

Town or city _____ Postcode _____

(If a mobile business, then please state the address where the mobile vehicle or moveable structure is usually parked or kept.)

Retail type
Choose from (tick box):

Grocery	☐	Licensed premises	☐
Newsagent	☐	Hotel	☐
Petrol station	☐	Restaurant/cafe	☐
Off-licence	☐	Mobile trader	☐
Other	☐		

Please specify _____

District council where the business operates
(If a mobile is in a non-fixed location, then please select ALL areas where your business intends to trade.)
Choose from (tick boxes):