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STATUTORY RULES OF NORTHERN IRELAND

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**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<sup>(1)</sup>.

**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.

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



*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 \_\_\_\_\_

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*(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	<input type="checkbox"/>	Licensed premises	<input type="checkbox"/>
Newsagent	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Petrol station	<input type="checkbox"/>	Restaurant/cafe	<input type="checkbox"/>
Off-licence	<input type="checkbox"/>	Mobile trader	<input type="checkbox"/>
Other	<input type="checkbox"/>		

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):*

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Antrim and Newtownabbey Borough Council	<input type="checkbox"/>
Ards and North Down Borough Council	<input type="checkbox"/>
Armagh City, Banbridge and Craigavon Borough Council	<input type="checkbox"/>
Belfast City Council	<input type="checkbox"/>
Causeway Coast and Glens District Council	<input type="checkbox"/>
Derry City and Strabane District Council	<input type="checkbox"/>
Fermanagh and Omagh District Council	<input type="checkbox"/>
Lisburn and Castlereagh City Council	<input type="checkbox"/>
Mid and East Antrim Borough Council	<input type="checkbox"/>
Mid Ulster District Council	<input type="checkbox"/>
Newry, Mourne and Down District Council	<input type="checkbox"/>

*(If you need to add another premises, please use the additional sheet provided in section 5 and photocopy for each additional premises.)*

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## Section 4: Declaration

I hereby declare that I am not prohibited from selling tobacco under section 2(3) of the Tobacco Retailers Act (Northern Ireland) 2014 (the Act can be found at <http://www.legislation.gov.uk/nia/2014/4/contents>). The information I have entered on this form is correct and I request that the details be entered in the Register.

Signed \_\_\_\_\_  
(Applicant's signature)

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed forms should be returned to:

Tobacco Register NI  
City and Neighbourhood Services Department  
The Cecil Ward Building  
4-10 Linenhall Street  
Belfast BT2 8BP

Telephone: 028 9027 0428  
Email: [tobaccoregister@belfastcity.gov.uk](mailto:tobaccoregister@belfastcity.gov.uk)

## Section 5: Additional premises sheet

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):

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Grocery	<input type="checkbox"/>	Licensed premises	<input type="checkbox"/>
Newsagent	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Petrol station	<input type="checkbox"/>	Restaurant/cafe	<input type="checkbox"/>
Off-licence	<input type="checkbox"/>	Mobile trader	<input type="checkbox"/>
Other	<input type="checkbox"/>		

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):*

Antrim and Newtownabbey Borough Council	<input type="checkbox"/>
Ards and North Down Borough Council	<input type="checkbox"/>
Armagh City, Banbridge and Craigavon Borough Council	<input type="checkbox"/>
Belfast City Council	<input type="checkbox"/>
Causeway Coast and Glens District Council	<input type="checkbox"/>
Derry City and Strabane District Council	<input type="checkbox"/>
Fermanagh and Omagh District Council	<input type="checkbox"/>
Lisburn and Castlereagh City Council	<input type="checkbox"/>
Mid and East Antrim Borough Council	<input type="checkbox"/>
Mid Ulster District Council	<input type="checkbox"/>
Newry, Mourne and Down District Council	<input type="checkbox"/>

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## SCHEDULE 2

Regulation 4(3)

### **Tobacco Retailer Restricted Premises Order Notice**

A restricted premises order has been made in respect of these premises.

Tobacco and cigarette papers may not be sold on these premises [name of business and address] for a period of [insert period for which the restricted premises order has effect] from [insert date the order was made].

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### **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

Section 1 of the Tobacco Retailers Act (Northern Ireland) 2014 (“the Act”) requires a registration authority to keep a register of persons carrying on a tobacco business.

Regulation 2 of these Regulations prescribes Belfast City Council as the registration authority for the purposes of the Act.

Regulation 3 and Schedule 1 set out the form in which applications for registration are to be made.

Regulation 4 and Schedule 2 set out the dimensions, wording and size of the statement to be included on the notice to be displayed on premises which are subject to a restricted premises order under the Act.