

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 _____

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

(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):

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

- | | |
|--|--------------------------|
| 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

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].