

SCHEDULE 1

Regulation 4(1)

FORM 1
FAILING TO DISPLAY PRESCRIBED NO-SMOKING SIGNS OR FAILING TO DISPLAY NO-SMOKING SIGNS IN A PRESCRIBED MANNER.
<i>[NAME OF DISTRICT COUNCIL]</i>
<i>[ADDRESS OF DISTRICT COUNCIL]</i>
THE SMOKING (NORTHERN IRELAND) ORDER 2006:
ARTICLE 7 (FAILURE TO DISPLAY NO-SMOKING SIGNS IN ACCORDANCE WITH REQUIREMENTS MADE BY OR UNDER ARTICLE 7)
FIXED PENALTY NOTICE
PENALTY AMOUNT £200

**PART 1
RECIPIENT COPY**

Penalty Notice number: _____

Full name of alleged offender: _____

Address of alleged offender: _____

_____ Post code: _____

Date of birth (if known): Male, female (*circle one*)

I, (*name*), an authorised officer of the [*name of District Council*] under Article 11 of the Smoking (Northern Ireland) Order 2006, have reason to believe that you committed an offence under Article 7 of the Smoking (Northern Ireland) Order 2006 (failure to display no-smoking signs in accordance with requirements made by or under Article 7) in premises, a place or vehicle in which [*name of District Council*] has enforcement responsibilities.

The circumstances alleged to constitute the offence are that at:
_____ (*time*) on _____ (*date*)
you, at/on the following premises, place or vehicle (*where alleged offence took place, including address, if any*):

being premises, a place or vehicle to which the provisions of Article 7 of the Smoking (Northern Ireland) Order 2006 applies, allegedly (*details of offence*):

Status: This is the original version (as it was originally made).

This notice offers you the opportunity of discharging any liability for conviction for that offence by payment of a fixed penalty of **£200 (two hundred pounds)**. No proceedings will be taken for this offence before the expiration of 29 days beginning _____ (Insert date on which this notice is given). You will not be liable to conviction for the offence if you pay the fixed penalty within that period. In this Form this period is referred to as **the 29 day period**.

You can pay a discounted amount of £150 (one hundred and fifty pounds) if you pay within the period of 15 working beginning with _____, (Insert date on which this notice is given). If the 15th day is not a working day, you may pay on the next working day. "Working day" means any day which is not Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday. In this Form this period is referred to as the 15 day period.

Information for the immediate attention of the person who has been issued with this penalty notice is at Part 2 of this notice. Details about how to pay this fixed penalty are at Part 3 of this notice. Details about how to request a court hearing in relation to this alleged offence are at Part 4 of this notice.

Signature of authorised officer _____ Date of issue _____

PART 2

INFORMATION FOR THE IMMEDIATE ATTENTION OF THE PERSON WHO HAS BEEN ISSUED WITH THIS PENALTY NOTICE:

You have received this notice because the authorised officer of [name of District Council] named in Part 1 of this notice has reason to believe that you have committed the offence of failing to display a no-smoking sign in accordance with requirements made by or under Article 7 of the Smoking (Northern Ireland) Order 2006. Within the **29 day period, you must either** pay the penalty **or** request that the matter be heard by a court. You may not do both.

If you fail to do either, [name of District Council] as an enforcement authority by virtue of Article 11 of the Smoking (Northern Ireland) Order 2006, may pursue this matter in court. A person found guilty of the offence of failing to display a no-smoking sign in accordance with requirements made by or under Article 7 of the Smoking (Northern Ireland) Order 2006 is liable on summary conviction to a fine not exceeding level 3 on the standard scale, as specified in Article 7(8) of the Smoking (Northern Ireland) Order 2006.

PART 3

PAYING THE PENALTY

The amount of the fixed penalty is **£200 (two hundred pounds)**. It must be paid within the 29 day period as specified in Part 1.

You can pay a discounted amount of **£150 (one hundred and fifty pounds)** if you pay within the 15 day period as specified in Part 1.

If you choose to pay this penalty, no further action will be taken in respect of the alleged offence described at Part 1 of this penalty notice. The payment of the penalty involves no admission of guilt and will not result in a record of criminal conviction being made against you.

Payment may be made by completing Part 3A and returning it with payment to the address stated in that Part, or by completing Part 3A and paying in person at the [name and address of District Council]. Acceptable methods of payment include cash, cheque, postal order or money order.

Cheques, postal orders or money orders should be made payable to (name of District Council). If you chose to pay this penalty in cash by post, this must be sent by registered post, and proof of posting must be retained. If you require a receipt for the payment of the penalty, you must ask for one at the time of payment, and if paying by post, you must provide a stamped, self-addressed envelope.

Status: This is the original version (as it was originally made).

WARNING: LATE PAYMENT WILL NOT BE ACCEPTED. YOU WILL NOT BE SENT A REMINDER.

PART 3A

PAYMENT OF FIXED PENALTY ISSUED UNDER ARTICLE 7 OF THE SMOKING (NORTHERN IRELAND) ORDER 2006

(FAILURE TO DISPLAY NO-SMOKING SIGNS IN ACCORDANCE WITH REQUIREMENTS MADE BY OR UNDER ARTICLE 7)

This slip must accompany all payments

To: *[Name and address of District Council where payment should be remitted].*

Penalty Notice number: _____

I enclose the amount of £150 (if payment is made within the 15 day period specified in Part 1).

£200 (if payment is made within the 29 day period specified in Part 1).

Full name of alleged offender: _____

Address of alleged offender: _____

_____ Post code: _____

Signature _____ Date _____

PART 4

REQUESTING A COURT HEARING

If you wish to contest the issue of this penalty notice and have your case heard in a court of law, **you must** complete Part 4A in full and return it by post to the address stated in that Part within the **29 day** period.

If you choose to request a court hearing, you must do so by completing Part 4A and sending it to *[name of District Council]* or by writing to *[name of District Council]* at the address stated on Part 4A, giving your details, the penalty notice number (which can be found in Part 1 of this notice) and an address at which a summons can be served on you. The summons will tell you when and where to attend court. Only the recipient of this penalty notice (the person named at Part 1) may request a court hearing.

If you have any questions or any representations about this penalty notice, please contact *[name of District Council and contact details]*.

PART 4A

THE SMOKING (NORTHERN IRELAND) ORDER 2006: FAILING TO DISPLAY A NO SMOKING SIGN IN ACCORDANCE WITH REQUIREMENTS MADE BY OR UNDER ARTICLE 7

REQUEST FOR ALLEGED OFFENCE TO BE DEALT WITH BY A COURT OF LAW

To: *[Name and address of District Council].*

Penalty Notice number: _____

I wish to be dealt with by a court of law for the alleged offence.

Full name of alleged offender: _____

Address of alleged offender: _____

_____ Post code: _____

Signature _____ Date _____