SCHEDULE 1

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)
under section 10 of the Health Ac section 6 of the Health Act 2006	et 2006, have reason to belie (failure to display no smoki	ised officer of [name of enforcement authority eve that you committed an offence under ing signs in accordance with requirements ma ion to which [name of enforcement authority]
The circumstances alleged to con	stitute the offence are that	nt:
	(time) on	(date
you, at/on the following premises any):	s, place or vehicle (where al	leged offence took place, including address, i

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being premises, a place or vehicle to which the provisions of section 6 of the Health Act 2006 applies, allegedly (details of offence):			
This notice offers you the opportunity of discharging payment of a fixed penalty of £200 (two hundred po before the expiration of the period of 29 days beginning the date on which this notice is given]. You will not fixed penalty within that period. In this Form this period.	unds). No proceedings will be taken for this offencing with		
You can pay a discounted amount of £150 (one hur of 15 days beginning with If the 15 th day is not a working day, you may pay of day which is not Saturday, Sunday, Christmas Day England and Wales under the Banking and Finance referred to as the 15 day period.	finsert the date on which this notice is given on the next working day. "Working day" means a y, Good Friday or a day which is a bank holiday i		
Information for the immediate attention of the person this notice. Details about how to pay this fixed penal request a court hearing in relation to this alleged offer questions, or if you wish to discuss this notice, plea authority and contact details].	ty are at Part 3 of this notice. Details about how to nee are at Part 4 of this notice. If you have any		
Signature of authorised officer	Date of issue		