

TOBACCO REGISTER NI

Anyone wanting to run a tobacco business or sell tobacco products must register to do so under the Tobacco Retailers Act (Northern Ireland) 2014. www.legislation.gov.uk/nia/2014/4/enacted

Application Form

Please read the following notes before filling in the application form

The form should be filled out in BLACK INK and in BLOCK CAPITALS.

ALL APPLICANTS MUST COMPLETE SECTIONS 1, 2, 3 AND 4.

Please ensure that you provide full and complete information. Incomplete forms may be returned to you which may result in a delay to your registration.

This application should be completed by the tobacco business operator. All the information you give must be correct and accurate; it is an offence to give false information in this application.

After you submit this form, all tobacco business operators must notify us of any changes to the businesses stated in this registration (including closure) and they must do this within 28 days of the change(s) being made. A separate paper form is available for recording changes and can be obtained from your local district council.

Any information you provide in this application will be dealt with in accordance with the Data Protection Act 1998.

You can also register online at www.tobaccoregisterni.gov.uk

If you need help to complete this form, please contact us on 028 9027 0428.

Information on how to fill out each section of your application form

- | | |
|---|--|
| Section 1:
Business details | Please tell us the name of your business. Please tell us whether it is a sole trader, partnership or company. If it is a company, please provide the Company Registration Number. |
| Section 2:
Applicant details | Please give us the name and contact details for the person with legal responsibility for the business. If you are registering a company, please provide details of a contact within the company's registered office. |
| Section 3:
Premises details | <p>Please enter the details of all premises from which you sell tobacco products. If you want to register more than one premises, please photocopy the continuation sheet in Section 5. For each premises, we need to know:</p> <ul style="list-style-type: none">• The name of the premises.• The type of premises, for example a fixed premises (such as a hotel or licensed premises) or a mobile premises.• If your mobile premises is a vehicle, we need the vehicle or trailer registration number.• The address of the premises. If it is a mobile premises, then please provide the address where the vehicle or moveable structure is usually kept.• The retail type which describes your premises such as whether it is a grocery, newsagent, hotel, off-licence or licenced premises.• The name of district council where your premises is situated. If it is a mobile premises please tell us all the district councils you trade in. |
| Section 4:
Declaration | This section must be completed by each applicant. Check that you have signed the form and confirmed the details given are correct. |
| Section 5
Additional premises: | Please enter the details of any additional premises you want to register. |

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 by email.

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

Name of premises

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

Vehicle registration number (if mobile vehicle)

Street trading registration number (if mobile 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 one box only):

Grocery

Newsagent

Petrol station

Off-licence

Other

Licensed premises

Hotel

Restaurant/café

Mobile trader

Please specify _____

District council area where the business operates

(If a mobile is in a non-fixed location, then please select ALL areas your business intends to trade)

Choose from: (tick boxes)

- Antrim and Newtownabbey Borough Council
- Ards and North Down Borough Council
- Armagh City, Banbridge and Craigavon Borough Council
- Belfast City Council
- Causeway Coast and Glens District Council
- Derry City and Strabane District Council
- Fermanagh and Omagh District Council
- Lisburn and Castlereagh City Council
- Mid and East Antrim Borough Council
- Mid Ulster District Council
- Newry, Mourne and Down District Council

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

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
(Applicants signature)

Date of Application DD MM YYYY

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

For office use only:

Date received:	<input type="text"/>	
Keyed:	By (Initials):	Date:
	<input type="text"/>	<input type="text"/>
Checked	By (Initials):	Date:
	<input type="text"/>	<input type="text"/>
Approved/Rejected	<input type="text"/>	Reason:
Reference number: TOB/	<input type="text"/>	

Section 5: Additional premises sheet

Name of premises

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

Vehicle registration number (if mobile vehicle)

Street trading registration number (if mobile 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).

Type of business at premises

Choose from (tick one box only):

Grocery

Newsagent

Petrol station

Off-licence

Other

Licensed premises

Hotel

Restaurant/café

Mobile trader

Please specify _____

District council where the business operates

(If a mobile is in a non-fixed location, then please select ALL areas your business intends to trade)

Choose from: (tick boxes)

Antrim and Newtownabbey Borough Council

Ards and North Down Borough Council

Armagh City, Banbridge and Craigavon Borough Council

Belfast City Council

Causeway Coast and Glens District Council

Derry City and Strabane District Council

Fermanagh and Omagh District Council

Lisburn and Castlereagh City Council

Mid and East Antrim Borough Council

Mid Ulster District Council

Newry, Mourne and Down District Council