2016 No. 98

PUBLIC HEALTH

The Tobacco Retailer (Fixed Penalty) (General) Regulations (Northern Ireland) 2016

Made - - - - 2nd March 2016

Coming into operation - 1st July 2016

The Department of Health, Social Services and Public Safety makes the following Regulations, in exercise of the powers conferred by sections 12(7) and 24(3) of the Tobacco Retailers Act (Northern Ireland) 2014(a).

Citation and commencement

1.—(1) These Regulations may be cited as the Tobacco Retailer (Fixed Penalty) (General) Regulations (Northern Ireland) 2016 and shall come into operation on 1st July 2016.

Form of fixed penalty notice

2. A fixed penalty notice shall be in the form set out in the Schedule.

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

The Tobacco Retailers Act (Northern Ireland) 2014 FIXED PENALTY NOTICE

[NAME OF DISTRICT COUNCIL] [ADDRESS OF DISTRICT COUNCIL]

PART 1

RECIPIENT COPY

Penalty Notice Number:
Full name and address of alleged offender:
Postcode:
Date of birth (if known):
I,
Alleged offence: The circumstances alleged to constitute the offence are that at(time)
on(date) you, at/on the following premises (where alleged offence took place, including address, if any)
allegedly (details of offence):
This fixed penalty notice, "notice", offers you the opportunity of discharging any liability for conviction for that offence by the payment of a fixed penalty, "penalty", of
You can pay a discounted amount of (insert the amount of the fixed penalty discounted by 25% in figures and words) if you pay within the period of 14 days beginning with (Insert date on which this notice is given). If the 14 th 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 14 day period.

Information for the in	nmediate attention	of the person	who has bee	en issued with	n this notice is a
Part 2. Details of how	to pay this fixed	penalty are at	Part 3.		

Signature Date

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

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 has reason to believe that you have committed an offence under the Tobacco Retailers Act (Northern Ireland) 2014/ the Health and Personal Social Services (Northern Ireland) Order 1978/the Children and Young Persons (Protection from Tobacco) (Northern Ireland) Order 1991. (Delete those statutes which do not apply.)

If you fail to pay the penalty within the 28 day period, [name of District Council] may pursue this matter in court. A person found guilty of the offence is liable on summary conviction to a fine not exceeding level_____[insert level] on the standard scale, as specified in section/Article_____ of the Tobacco Retailers Act (Northern Ireland) 2014/ the Health and Personal Social Services (Northern Ireland) Order 1978/the Children and Young Persons (Protection from Tobacco) (Northern Ireland) Order 1991. (Delete those statutes which do not apply.)

PART 3

PAYING THE FIXED PENALTY

The amount of the fixed penalty is	(insert the amount of the
penalty in figures and words) which must be paid within 28 days of as shown in Part 1.	of the date of issue of this notice,
You can pay a discounted amount of	(insert the amount of the as specified in Part 1.
If you pay this penalty, no further action will be taken in respect to at Part 1. The payment of the penalty involves no admission of gui of criminal conviction being made against you.	
Payment may be made by completing and returning Part 3A below <i>District Council</i>] at the address stated on Part 3A. Alternatively yo and pay in person at that address.	
Acceptable methods of payment are cash, cheque, postal order or rorders or money orders should be made payable to [name of Distriction receipt, you must ask for one at the time of payment. If paying by you must provide a stamped, self-addressed envelope.	ct Council]. If you require a
WARNING: IF YOU PAY LATE OR IF A BANK RE WILL BE TREATED AS NOT HAVING PAID THE WILL NOT BE SENT A REMIN	FIXED PENALTY. YOU
PART 3A	
PAYMENT OF FIXED PENALT	Y
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	
Full name:	
Address:	
Postcode:	

Date

Signature

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations provide the form of fixed penalty notice which may be issued in respect of particular offences as listed under section 12(1) of the Tobacco Retailers Act (Northern Ireland) 2014.

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