

SCHEDULE

Regulation 2

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, _____ (name), an authorised officer of the [name of District Council], have reason to believe that you committed the following offence under 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.)

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 _____ (insert the amount of fixed penalty in figures and words). No proceedings will be taken for

Status: This is the original version (as it was originally made).

this offence before the expiration of 28 days beginning _____ (insert the date on which this notice is given). You will not be liable to conviction for the offence if you pay the penalty within that period. In this notice this period is referred to as the 28 day period.

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 14th 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 immediate attention of the person who has been issued with this notice is at 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 the date of issue of this notice, as shown in Part 1.

You can pay a discounted amount of _____ (*insert the amount of the penalty in figures and words*) if you pay within the 14 day period as specified in Part 1.

If you pay this penalty, no further action will be taken in respect to the alleged offence described at Part 1. 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 and returning Part 3A below, with payment, to [*name of District Council*] at the address stated on Part 3A. Alternatively you can complete Part 3A below and pay in person at that address.

Acceptable methods of payment are cash, cheque, postal order or money order. Cheques, postal orders or money orders should be made payable to [*name of District Council*]. If you require a receipt, you must ask for one at the time of payment. If paying by post and you require a receipt you must provide a stamped, self-addressed envelope.

WARNING: IF YOU PAY LATE OR IF A BANK REFUSES A CHEQUE YOU WILL BE TREATED AS NOT HAVING PAID THE FIXED PENALTY. YOU WILL NOT BE SENT A REMINDER.

PART 3A

PAYMENT OF FIXED PENALTY

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: _____

Signature

Date