

Retailers Registration Form

Version 3: Updated 28 November 2016

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 note that incomplete forms will be returned to you.

To assist the application process, please ensure that the information you include in each section is correct and legible and that you have signed the form and the declaration at the end of this form.

Alternatively register online at
<http://tobaccoregisterscotland.org/register>

Check that you have all the correct information. Failure to do so may result in your registration failing.
It is an offence for an unregistered person to retail tobacco or nicotine vapour products.

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

Section 1: Contact Details

Please provide us with the title, name and contact details of the person who is representing the applicant that is seeking to carry on a tobacco business.

Section 2: Business Details

Please provide us with the name of the Business entity that is seeking to carry on a tobacco business. Please indicate whether it is a sole trader, partnership or company.

If the Business entity is a Limited Company, please provide the Companies House registration number.

Section 3: Premise Details

You need to enter the details of each premises from which you sell tobacco by retail. For each premises that you are registering:

Tell us the Name of the Premises.

Tell us the Type of Premises it is. It could be a Fixed premises (e.g. a hotel, supermarket) or mobile premises.

If it is a Mobile Premises, then you need to tell us whether it is a Vehicle or a Moveable Structure. Please provide the Vehicle registration number or a trailer registration number and description and dimensions of the moveable structure.

You will need to provide the Address of the Premises. If it is a Mobile premises, please provide the address of where the vehicle/moveable structure is usually kept.

Tell us the type of business that describes your Premises. *For example: Supermarket, Convenience Store, Forecourt, Off-Licence, Public House etc.)

You will need to tell us which Local Authority your Premises is located in. If a Mobile Premises, please advise all the Local Authorities you have a licence to trade in.

If there are more than one premises to be registered photocopy the continuation sheet in Section 6.

Section 4: Data Protection and Section: Declaration

These sections must be completed by each applicant.

Check that you have signed the form and confirmed the details given are correct.

Check that you have all the correct information. Failure to do so may result in your registration failing.
It is an offence for an unregistered person to retail tobacco products.

Section 1: Contact Details

Please provide us with the title, name and contact details of the person who is representing the applicant that is seeking to carry on a tobacco and nicotine vapour product business.

Title: Mr Mrs Ms Other (please specify)

First Name

Last Name

Contact Phone Number

Contact Email

Section 2: Business Details

Business Name

Please provide us with the name of the business entity that is seeking to carry on a tobacco and Nicotine Vapour Product Business.

Type of Business: Sole trader Partnership Company (tick only one)

Products sold: Tobacco Only Nicotine Vapour Products Only Tobacco And Nicotine Vapour Products (tick only one)

Companies House Number
(If you are a Company)

Section 3: Premises Details (if you need more space then there is extra sheet in Section 6 which can be photocopied)

You need to enter the details of each premises from which you sell tobacco and nicotine vapour products by retail. For each premises that you are registering.

Name of Premises

Type of Premises: Fixed Mobile Vehicle Mobile Moveable Structure

Vehicle Registration Number (if Mobile Vehicle)

Moveable Structure Registration Number (if Mobile Moveable Structure)

Description and Dimensions of Mobile Movable Structure:

Premises Street 1

Premises Street 2

Town/City **Postcode**

(if a Mobile business then please use this address to state where the mobile vehicle or moveable structure is usually parked/kept).

Floor Area of Business: Over 280 Square metres Under 280 Square metres

Type of Business at Premises

Choose from: Supermarket and other retail outlets (over 280 square metres); Convenience Store (under 280 square metres); CTN (Confectionery, Tobacconist, Newsagents); Forecourt; Off-licence; Other retail; Entertainment venue; Hotel; Nightclub; Public House; Restaurant; Sports club; Other catering; Private Club; Mobile trader; bulk suppliers (Airport Shops, wholesalers etc); Specialist tobacconists

Local Authority where the Premises operates

(if a mobile is in a non-fixed location, then please select ALL areas applicable to your business)

Choose from:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Aberdeen City Council | <input type="checkbox"/> East Dunbartonshire Council | <input type="checkbox"/> Inverclyde Council | <input type="checkbox"/> Scottish Borders Council |
| <input type="checkbox"/> Aberdeenshire Council | <input type="checkbox"/> East Lothian District Council | <input type="checkbox"/> Midlothian Council | <input type="checkbox"/> Shetland Islands Council |
| <input type="checkbox"/> Angus Council | <input type="checkbox"/> East Renfrewshire Council | <input type="checkbox"/> Moray Council | <input type="checkbox"/> South Ayrshire Council |
| <input type="checkbox"/> Argyll and Bute Council | <input type="checkbox"/> Edinburgh City Council | <input type="checkbox"/> North Ayrshire Council | <input type="checkbox"/> South Lanarkshire Council |
| <input type="checkbox"/> Clackmannanshire Council | <input type="checkbox"/> Falkirk Council | <input type="checkbox"/> North Lanarkshire Council | <input type="checkbox"/> Stirling Council |
| <input type="checkbox"/> Dumfries and Galloway Council | <input type="checkbox"/> Fife Council | <input type="checkbox"/> Orkney Islands Council | <input type="checkbox"/> West Dunbartonshire Council |
| <input type="checkbox"/> Dundee City Council | <input type="checkbox"/> Glasgow City Council | <input type="checkbox"/> Perth and Kinross Council | <input type="checkbox"/> West Lothian Council |
| <input type="checkbox"/> East Ayrshire Council | <input type="checkbox"/> Highland Council | <input type="checkbox"/> Renfrewshire Council | <input type="checkbox"/> Comhairle nan Eilean Siar |

If you need to add another premises, use the additional premises sheet and photocopy for each additional premises.

Section 4: Declaration

Confirmation that details are correct and the Details can be entered into the Register

(Please tick to confirm your consent)

I hereby declare that the information provided in this form is correct and request that the details be entered in the Register

Confirmation of no ban under the Tobacco and Primary Medical Services (Scotland) Act 2010 and the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

(Please tick to confirm your consent)

I hereby declare that I am not banned under the Tobacco and Primary Medical Services (Scotland) 2010 and the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016. (The Act can be found at: <http://www.tobaccoregisterscotland.org/>).

Signed (*Applicants signature*)

Date of Application (*dd/mm/yyyy*)

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Section 5: Check and Posting Information

Check that you have provided all the correct information.

Warning: Check that you have provided all the correct information. Failure to do so may result in your application for registration failing. It is an offence for an unregistered person to retail tobacco and nicotine vapour products.

Any change to your details, whether address, business names, removal of premises, addition of premises MUST be advised to the Scottish Government, Tobacco Control Team at the address below.

Signed forms should be returned to:

Tobacco Control Team
Health Improvement Division (was Public Health Division)
Area 3 E
St Andrew's House
EDINBURGH
EH1 3DG



Section 6: Additional Premises Sheet

Name of Premises

Type of Premises: Fixed Mobile Vehicle Mobile Moveable Structure

Vehicle Registration Number *(if mobile vehicle)*

Moveable Structure Registration Number *(if mobile movable structure)*

Description and Dimensions of Mobile Movable Structure:

Premises Street 1

Premises Street 2

Town/City

Postcode

(if a Mobile business then please use this address to state where the mobile vehicle or moveable structure is usually parked/kept).

Floor Area of Business: Over 280 Square metres Under 280 Square metres

Type of Business at Premises

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Local Authority where the Premises operates

(if a mobile is in a non-fixed location, then please select ALL areas applicable to your business)

Choose from:

- | | | | |
|--|--|--|--|
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| <input type="checkbox"/> Aberdeenshire Council | <input type="checkbox"/> East Lothian District Council | <input type="checkbox"/> Midlothian Council | <input type="checkbox"/> Shetland Islands Council |
| <input type="checkbox"/> Angus Council | <input type="checkbox"/> East Renfrewshire Council | <input type="checkbox"/> Moray Council | <input type="checkbox"/> South Ayrshire Council |
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| <input type="checkbox"/> East Ayrshire Council | <input type="checkbox"/> Highland Council | <input type="checkbox"/> Renfrewshire Council | <input type="checkbox"/> Comhairle nan Eilean Siar |