

# Retailer Registration Form



National Register  
of Tobacco Retailers

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, 4 AND 5.**  
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 enclosed a cheque, postal order or bank draft for €50 made payable to the Office of Tobacco Control

**Please return this form and your payment to:** National Register of Tobacco Retailers, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

Alternatively register online at  
[www.tobaccoregister.ie](http://www.tobaccoregister.ie)

## Section 1: Applicant details

If you are a sole trader, please tick the relevant box to indicate that you are registering as a sole trader. Please give your name, the address where you ordinarily reside (home address) and your date of birth.

If you are a partnership, please tick the relevant box to indicate that you are registering as a partnership, give the name, address where each of the partners ordinarily resides (home address) and date of birth of each of the partners. Should your partnership have more than four partners, please complete the continuation sheet in Section 6.

If you are a company, please tick the relevant box to indicate that you are registering as a company, give your company name, the address of the company's registered office and the registered number of the company (with the Companies Registration Office).

## Section 2: Premises Details

Enter the details of each premises from which you sell tobacco by retail. For each premises that you are registering: Specify the name of the business, the type of business\*, the number of closed containers and/or self service vending machines (if a licenced premises (within the meaning of the Intoxicating Liquor Acts) or a registered club) in use at the premises and the address of the premises where tobacco is sold.

If you have a mobile unit, specify any business name on the mobile unit, the number of closed containers, your vehicle registration number and the address where that vehicle is normally kept.

If there are more than 4 premises to be registered use the continuation sheet in Section 7

\*For example: Convenience store, Duty Free Shop, Food Stall, Garage Forecourt, Head Shop, Hotel, Independent Grocer, Licensed Premises, Mobile Unit, Newsagent, Nightclub, Registered Club, Restaurant, Ship, Supermarket.

## Section 3: Supplier Details

Specify the name and address of each person who supplies tobacco products to the applicant.

If there are more than 5 suppliers use the continuation sheet in Section 8.

## Section 4: Data Protection and Section 5: Declaration

These sections must be completed by each applicant.

Check that you have signed the form, confirmed the details given are correct and that you have enclosed a cheque, postal order or bank draft for €50 made payable to the Office of Tobacco Control.

## Section 1: Applicant Details

|                     |  |
|---------------------|--|
| For Office use only |  |
|                     |  |

**Type of Retailer** Sole Trader  Company  Partnership  (tick one)  
(Indicate whether you are registering as a sole trader, company or partnership)

**Title** Mr  Mrs  Ms  Other  please specify \_\_\_\_\_

**Applicant Name** (Sole trader name, company name or name of first partner)

---

**Date of Birth**

**Company Registered Number**

(Date of birth of sole trader/first partner dd/mm/yyyy)

(Registered Number of the company if applicable)

**Address**

(If sole trader or first partner enter the address where you ordinarily reside (home address), if a registered company enter the address of your company's registered office)

---

**Town/City**

---

**County**

**Country**

---

**Additional Partners (if registering a partnership)**

(Enter the details of each additional partner in the partnership. If there are more than 3 additional partners, please use the continuation sheet in Section 6.)

| Name | Address where they ordinarily reside (home address) | Date of Birth (dd/mm/yyyy) |
|------|---|----------------------------|
|      |   |                            |
|      |   |                            |
|      |   |                            |

## Section 2: Premises Details

(Enter the details of each premises (or mobile unit) from which you sell tobacco products by retail. If there are more than 4 premises to be registered, please use the continuation sheet in Section 7.)

### Premises

| Business name (if any) (see note 1 below) | Type of business (see note 2 below) | Number of closed containers (see note 3 below) | Number of self service vending machines (see note 3 below) | Vehicle Registration Number (if applicable) (see note 4 below) | Address of premises where the business of the sale of tobacco products by retail is carried out in whole or in part. If a mobile trader include address where vehicle is normally kept. (see note 5 below) | Have you been selling tobacco products prior to 1 July 2009? yes/no |
|---|-------------------------------------|--|--|--|--|---|
|   |                                     |  |  |  |  |   |
|   |                                     |  |  |  |  |   |
|   |                                     |  |  |  |  |   |
|   |                                     |  |  |  |  |   |

### Completion Notes:

1. Specify the name of the business (or any business name on the mobile unit).
2. Specify the type of business (for example Convenience store, Duty Free shop, Food stall, Garage forecourt, Head shop, Hotel, Independent grocer, Licensed premises, Mobile unit, Newsagent, Nightclub, Registered club, Restaurant, Ship, Supermarket).
3. Specify the number of closed containers and/or self service vending machines (if a licenced premises (within the meaning of the Intoxicating Liquor Acts) or a registered club) in use at the premises
4. Specify the vehicle registration number of the mobile unit if applicable.
5. Specify the address of the premises where tobacco is sold (or address where the mobile unit that tobacco is sold from is normally kept).

## Section 3: Supplier Details

### Suppliers

(Enter the details of each of your tobacco suppliers. If there are more than 5 suppliers to be entered, please use the continuation sheet in section 8.)

| Supplier Name <i>(see note 1 below)</i> | Business Address <i>(see note 2 below)</i> |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

#### Completion Notes:

1. Specify the name of the person or entity which supplies tobacco products to the applicant. If you are registering a self-service vending machine please list your vending machine operator.
2. Specify the address of the person or entity who supplies tobacco products to the applicant.

## Section 4: Data Protection

I hereby consent to the processing of my personal information herein for the purposes of Section 37 of the Public Health (Tobacco) Act 2002 as amended by Section 9 Public Health (Tobacco) (Amendment) Act 2004. I consent to the use of my personal information as set out below.

**Signed**

**Date**

---

(Applicant's signature)

(dd/mm/yyyy)

### Collection and use of personal information

The Office of Tobacco Control (OTC) may collect personal data when retailers apply for registration as persons carrying on the business of selling tobacco products by retail.

Any personal data which is provided in this way will be used by the OTC in carrying out its statutory responsibilities including without limitation, the administration of the National Register of Tobacco Retailers pursuant to Section 37 of the Public Health (Tobacco) Act 2002, as amended by the Public Health (Tobacco) (Amendment) Act 2004 ("the Acts") or any further amendment thereof or under any other applicable law, and performing regulatory checks in relation to compliance with the Acts. The personal data may also be anonymised and used for statistical purposes.

This personal data is used for the purposes of processing the payments, communicating with the person concerned, including responding to questions, and generally carrying out the statutory functions of the OTC.

### Disclosure of personal data

Personal data may in certain circumstances be disclosed to authorised officers of the OTC or of the Health Service Executive or third parties, in order to comply with any legal process, for the purpose of instituting a prosecution whether for an offence under the Acts or under any other applicable law.

Personal data may also be disclosed to service providers within the EU who provide data processing services to the OTC. However in such cases, the OTC will put in place with such service providers an agreement to ensure that the personal information is used only for such purposes, is processed in accordance with the Acts and is kept secure.

### Your rights regarding data

Where you are an individual, you have a right to be given a copy of your personal data which you may have supplied. To exercise this right, you must write to the OTC at the address on page 1, or e-mail your request to [info@tobaccoregister.ie](mailto:info@tobaccoregister.ie). You should include any personal identifiers which you supplied earlier (e.g. name; address; phone number; e-mail address; registered number) and provide such other personal identifiers as the OTC may reasonably request. Your request will be dealt with as soon as possible and will take not more than 40 days to process.

You also have a right where you are an individual, to have inaccurate information corrected. If you discover that the OTC does hold inaccurate information about you, you have a right to instruct the OTC to correct that information. Such an instruction must be in writing or via e-mail. A request will be dealt with as soon as possible and will be subject to the next sentence, take not more than 40 days to process. The OTC may require evidence of your identity and address, in order to process such a request.

In certain circumstances (subject to the requirements pertaining to registration under the Acts) you may also request that personal data which you have supplied be deleted. To exercise this right you would generally be expected to identify some contravention of data protection law in the manner in which the OTC processes the data concerned.

### Complaints about data processed

If you are concerned about how personal data are processed, please do not hesitate to bring such concerns to the attention of the OTC at the contact details on page 1.

## Section 5 : Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be entered in the register.

**Signed**

**Date**

---

(Applicant's signature)

(dd/mm/yyyy)

**Check that you have signed the form, confirmed the details given are correct and that you have enclosed a cheque, postal order or bank draft for €50 made payable to the Office of Tobacco Control. Please return this form and your payment to: National Register of Tobacco Retailers, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare. ALL APPLICANTS MUST COMPLETE SECTIONS 1,2,3,4 AND 5.**

It is an offence to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002, as substituted by Section 8 of the Public Health (Tobacco) (Amendment) Act 2004, will be held on computer by the Office of Tobacco Control.



## Section 7: Premises Continuation Sheet

(Please copy and use as many of these sheets as necessary to complete premises details)

| Business name (if any) (see note 1 below) | Type of business (see note 2 below) | Number of closed containers (see note 3 below) | Number of self service vending machines (see note 3 below) | Vehicle Registration Number (if applicable) (see note 4 below) | Address of premises where the business of the sale of tobacco products by retail is carried out in whole or in part. If a mobile trader include address where vehicle is normally kept. (see note 5 below) | Have you been selling tobacco products prior to 1 July 2009? yes/no |
|---|-------------------------------------|--|--|--|--|---|
|   |                                     |  |  |  |  |   |
|   |                                     |  |  |  |  |   |
|   |                                     |  |  |  |  |   |
|   |                                     |  |  |  |  |   |

### Completion Notes:

1. Specify the name of the business (or any business name on the mobile unit).
2. Specify the type of business (for example Convenience store, Duty Free shop, Food stall, Garage forecourt, Head shop, Hotel, Independent grocer, Licensed premises, Mobile unit, Newsagent, Nightclub, Registered club, Restaurant, Ship, Supermarket).
3. Specify the number of closed containers and/or self service vending machines (if a licenced premises (within the meaning of the Intoxicating Liquor Acts) or a registered club) in use at the premises
4. Specify the vehicle registration number of the mobile unit if applicable.
5. Specify the address of the premises where tobacco is sold (or address where the mobile unit that tobacco is sold from is normally kept).

## Section 8: Supplier Continuation Sheet

(Please copy and use as many of these sheets as necessary to complete supplier details)

| Supplier Name <i>(see note 1 below)</i> | Business Address <i>(see note 2 below)</i> |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

### Completion Notes:

1. Specify the name of the person or entity who supplies tobacco products to the applicant. If you are registering a self-service vending machine please list your vending machine operator.
2. Specify the address of the person or entity who supplies tobacco products to the applicant.