

Retailer Registration 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, 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 HSE.

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

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 registering a partnership, tick the relevant box, 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 registering a company, give your company name, the address of the company's registered office and the registered number of the company (Companies Registration Office, www.cro.ie). This is not the company's VAT number.

Section 2: Premises Details

Enter details of each of the premises from where you sell tobacco by retail. For each premises that you are registering: Specify the name of the premises, the address of the premises, the type of business, the number of closed containers and/or self service vending machines in use at the premises. Self-service vending machines are permitted only in licensed premises (within the meaning of the Intoxicating Liquor Acts) or registered club (within the meaning of the Register of Club Acts 1904 to 2008).

If more than four premises are being registered, use the continuation sheet in Section 7.

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

Section 3: Supplier Details

Specify the name and address of each person or entity who supplies tobacco products to you.

If there are more than five 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 Health Service Executive.

If you need assistance
completing this form
please call 1890 333100

Alternatively
register online at
www.tobaccoregister.ie

Section 1: Applicant Details

For Office use only	

Type of Retailer Sole Trader Partnership Company (tick one)

Title Mr Mrs Ms Other please specify _____

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

Date of Birth (dd/mm/yyyy)

(Please complete if you are a sole trader or first partner)

Company Registered Number

(Please complete if registering a company)

Contact Number

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 three additional partners, please use the continuation sheet in Section 5.)

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) where you sell tobacco products by retail. If there are more than four premises to be registered, please use the continuation sheet in Section 6.

Name of premises	Address of premises (If a mobile trader include address where vehicle is normally kept)	Business Type (see note below)	Number of closed containers	Number of self service vending machines	Vehicle Registration Number (if mobile trader)

Completion Note:

Type of business- Grocery, Newsagent, Licensed Premises, Hotel, Restaurant, Registered Club, Mobile Unit, Other (please specify)

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 7.

Supplier Name (see note 1 below)	Business Address (see note 2 below)

Completion Notes:

1. Specify the name of the person or entity who supplies tobacco products to you. 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 you.

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. 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 Health Service Executive (HSE) 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 HSE 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, ("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 HSE.

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information. Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the HSE.

Disclosure of personal data

Personal data may in certain circumstances be disclosed to 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 HSE. However in such cases, the HSE 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 HSE at the address on page 1, or e-mail your request to info.tobaccoregister@hse.ie. You should include any personal identifiers which you supplied earlier (e.g. name; address; phone number; e-mail; registered number) and provide such other personal identifiers as the HSE 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 HSE does hold inaccurate information about you, you have a right to instruct the HSE 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 subject to the next sentence, take not more than 40 days to process. The HSE 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 HSE processes the data concerned.

Complaints about data processed

If you are concerned about how personal data are processed, please bring such concerns to the attention of the HSE.

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 completed all sections, signed the form and enclosed a cheque, postal order or bank draft for €50 made payable to the HSE.

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

Section 5: Partners – Continuation Sheet

Name	Address where partner ordinarily resides	Date of Birth (dd/mm/yyyy)

Section 6: Premises – Continuation Sheet

Name of premises	Address of premises (If a mobile trader include address where vehicle is normally kept)	Business Type (see note below)	Number of closed containers	Number of self service vending machines	Vehicle Registration Number (if mobile trader)

Completion Note:
Type of business – Grocery, Newsagent, Licensed Premises, Hotel, Restaurant, Registered Club, Mobile Unit, Other (please specify)

Section 7: Supplier Details – Continuation Sheet

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 you. 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 you.