



## Application for a Licence to Sell Tobacco Products Tobacco Products (Guernsey) Ordinance, 2014

For office use only

- Read the Application Guide before completing this form
- Please use dark ink and print neatly using BLOCK LETTERS
- Tick applicable boxes
- Complete the Checklist on the attached Application Guide

Date received:

### LICENCE TYPE

#### 1. Application for Licence

I/We apply for a licence to sell tobacco products by way of the following type or types of sale:

Retail sale

Indirect sale

Wholesale sale

Is this form being used in conjunction with Form TP1B? (one application for multiple licences)

Yes

No

If yes, how many additional premises does form TP1B list?

### APPLICANT INFORMATION

#### 2. Name of Applicant

If an individual print full name [FIRST NAME + MIDDLE NAME(S) + SURNAME]

[Proof of ID must also be provided – refer to Application Guide for details]

If a Body Corporate – name of Body Corporate

[A copy of the Certificate of Incorporation must be provided]

#### 3. Applicant's Trading Name

[A copy of certification from Guernsey Registry, Companies House or equivalent registration company must be provided]

### APPLICANT ADDRESS DETAILS

#### 4. Premises to be Licensed

[Name of building/shop etc, road name, parish and postcode]

#### 5. Principal Business Address

[If same as at Question 4 above print "SAME" otherwise name of building/shop etc, road name, parish and postcode]

## SUITABILITY OF APPLICANT

### 6. Applicant Must Answer All Questions (a) to (e)

[For a Body Corporate these questions apply to the Body Corporate and all offices of the Body Corporate]

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) Has the Applicant been refused or disqualified from holding a licence under the Ordinance or a corresponding law?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has the Applicant been issued with a licence under the Ordinance or a corresponding law anywhere in the world that has been suspended or revoked?           | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has the Applicant at any time, been convicted of a disqualifying offence anywhere in the world?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Has the Applicant at any time, in the 10 years prior to this application, been convicted anywhere in the world of an offence involving fraud or dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Is the Applicant the subject of a pending charge anywhere in the world for a disqualifying offence?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above questions, additional information is required. See APPLICATION GUIDE.

**Important Note For all Applicants:** The Health and Social Services Department may require an Applicant to provide a Police Disclosure Check.

## APPLICANT SIGNATURE

### 7. Details and Signature of Person Making Application

a) If Application is the individual named at Question 2

Signature  Date

b) On behalf of Body Corporate

First Name

Surname

Position

Signature  Date

Email

## CONTACT DETAILS

### 8. Contact Person for Queries about Application

[If this person is the same as at Question 7, leave name and position details blank and complete other boxes]

First Name

Surname

Position

Telephone  Fax

Email

## AUTHORISATION

### 9. Authorisation to Make Application

Is the Applicant a sole trader? Yes  [If yes this question is not applicable]

Details of authorising partner or authorising officer of Body Corporate

Title	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (Detail) <input type="text"/>
Full Name	<input type="text"/>				
Position	<input type="text"/>			Date of Birth <input type="text"/>	
Signature	<input type="text"/>			Date <input type="text"/>	

**WARNING – A PERSON MUST NOT, IN RELATION TO THE ISSUE OF A LICENCE, GIVE FALSE OR MISLEADING INFORMATION. PENALTY – UP TO £5000**

## PAYMENT OPTIONS

### 10. Prescribed Fees Must Accompany Application

Refer to the Application Guide for details of the fees required to be paid.

Payment should be made by a cheque made payable to “States of Guernsey” and must accompany this Application Form.

Application Forms and fees should be received by the Office of Environmental Health and Pollution Regulation at the address below.

## CONTACT US

The Licensing Officer  
Office of Environmental Health and Pollution Regulation  
Longue Rue  
St Martin  
Guernsey  
GY4 6LD

(01481) 711161  
envhealth@hssd.gov.gg

## FOR OFFICIAL USE ONLY

	Retail	Indirect	Wholesale
Licence applied for	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed <input type="text"/>	Date <input type="text"/>
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