

# Local Authority Change Request Form

## Reason and Type of amendment required:

(Please insert the new amended details you wish added to the Retailers Register).

If a retailer is no longer selling one of the two products, this would be ticked as 'other reason' and then reason stated in the box below"

Change of ownership  Change in business usage  Trader retired /out of business

No longer selling tobacco  Other reason *(please specify)*

Name and Job Title of officer requesting the amendment:

Contact details of officer requesting the amendment:

Phone:  Email address:

## Evidence supporting request:

*(please specify the type of information in possession of the local authority to justify the amendments to the register)*

## Registrant Details

Name:

Address:

Telephone Number:

E mail:

Date:

## Action Taken:

Date Actioned:

By Whom:

Signature:

*Any change, correction or removal from the register will be notified to the registrant as soon as reasonably practicable and where appropriate to do so, a revised certificate of registration will be issued.*

## 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 or 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  
Public Health Division  
Area 3E  
St Andrews House  
Edinburgh  
EH1 3DG