



Premises (doing business as)		Owner / Operator	
Address			
Violation Date (YYYY / MM / DD)	Time of Violation	ID Produced by Minor on Request	Age of Minor

VIOLATIONS

TOBACCO CONTROL ACT (POSSIBLE FINES: \$575.00)	TOBACCO CONTROL REGULATION	POSSIBLE FINES
<input type="checkbox"/> Sec 2(2): Sell tobacco to person under 19	<input type="checkbox"/> Sec 4: Sell cigarettes in packages containing fewer than 20	\$575.00
<input type="checkbox"/> Sec 2(3): Sell cigarettes from an open package	<input type="checkbox"/> Sec 5(1): Fail to display warning	\$345.00
<input type="checkbox"/> Sec 2(4): Sell tobacco products where prohibition order applies	<input type="checkbox"/> Sec 5(2): Fail to affix warning	\$345.00
<input type="checkbox"/> Sec 2.4(a): Display products in a prohibited manner		
<input type="checkbox"/> Sec 2.4(b): Promote tobacco products in a prohibited manner		
<input type="checkbox"/> Sec 10.1(a): Fail to display prohibition order sign		
<input type="checkbox"/> Sec 10.1(b): Fail to display prohibition order sign in accordance with requirement		

ADDITIONAL INFORMATION

ID <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested	Description / Name of Employee		
Purchased Tobacco Product Returned Refund: \$	Product	Provincial Warning Decals <input type="checkbox"/> Were Posted Correctly <input type="checkbox"/> Need Replacement <input type="checkbox"/> Decals Provided	
Notes			

FOR YOUR INFORMATION

THIS IS A WARNING ONLY. Any further violations may result in legal action against you.

The business owner and the employee found to be in contravention may each receive a ticket for the alleged violation.

It is your responsibility as an owner/operator to ensure that you and your employees comply with the Acts and Regulations stated above.

A Compliance Plan outlining your policy regarding tobacco sales could be created and used to monitor your premises.

If you would like assistance in developing a Compliance Plan or require further information or warning decals, please contact the undersigned Enforcement Officer.

Received by _____ Name (Print) _____ Signature/Position	_____ Date Warning Delivered (YYYY / MM / DD)	_____ Time
	_____ Enforcement Officer's Phone _____ Enforcement Officer's Name/Signature/Number	
_____ Health Authority Name and Address		