

WK/201307737

Application for a premises licence to be granted under the Licensing Act 2003



PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We Mr ISMAIL ULAS

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description MORDEN FOOD CENTRE 17-18 MORDEN COURT PARADE LONDON ROAD			
Post town	MORDEN	Post code	SM4 5HJ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£16000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as  
Please tick yes

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)

- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ULAS			First names ISMAIL		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		40 LION ROAD EDMONTON			
Post Town	LONDON			Postcode	N9 9DW
Daytime contact telephone number					
E-mail address (optional)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		

I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>



Please give a general description of the premises (please read guidance note1)  
SUPERMARKET

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

**Please tick yes**

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays, boxing or wrestling entertainment Standard days and timings (please read guidance note 6)		Will the performance of a play, take place indoors or outdoors or both – please tick (please read guidance note 2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			Indoors			
Tue			Outdoors			
Wed			Both			
Thur			Please state any seasonal variations for performing arts (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 6)		Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			Indoors			
Tue			Outdoors			
Wed			Both			
Thur			Please state any seasonal variations for the exhibition of films (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 6)		Please give further details (please read guidance note 3)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please state any seasonal variations for indoor sporting events (please read guidance note 4)			
Mon			Indoors			
Tue			Outdoors			
Wed			Both			
Thur			Please state any seasonal variations for indoor sporting events (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)		Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			Indoors			
Tue			Outdoors			
Wed			Both			
Thur			Please state any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 6)		Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			Indoors			
Tue			Outdoors			
Wed			Both			
Thur			Please state any seasonal variations for the performance of live music (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

F

Recorded music Standard days and timings (please read guidance note 6)		Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			Indoors			
Tue			Outdoors			
Wed			Both			
Thur			Please state any seasonal variations for the playing of recorded music (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

G

Performances of Standard days and timings (please read guidance note 6)		Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start / Finish	Indoors	Outdoors / Both
Mon		<input type="checkbox"/>	<input type="checkbox"/>
Tue		<input type="checkbox"/>	<input type="checkbox"/>
Wed		<input type="checkbox"/>	<input type="checkbox"/>
Thur		<input type="checkbox"/>	<input type="checkbox"/>
Fri		<input type="checkbox"/>	<input type="checkbox"/>
Sat		<input type="checkbox"/>	<input type="checkbox"/>
Sun		<input type="checkbox"/>	<input type="checkbox"/>

Please give further details here (please read guidance note 3)

State any seasonal variations for the performance of dance (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 5)

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)		Please give a description of the type of entertainment you will be providing	
Day	Start / Finish	Indoors	Outdoors / Both
Mon		<input type="checkbox"/>	<input type="checkbox"/>
Tue		<input type="checkbox"/>	<input type="checkbox"/>
Wed		<input type="checkbox"/>	<input type="checkbox"/>
Thur		<input type="checkbox"/>	<input type="checkbox"/>
Fri		<input type="checkbox"/>	<input type="checkbox"/>
Sat		<input type="checkbox"/>	<input type="checkbox"/>
Sun		<input type="checkbox"/>	<input type="checkbox"/>

Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)

Please give further details here (please read guidance note 3)

State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) please list (please read guidance note 5)

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)		Please give a description of the facilities for making music you will be providing	
Day	Start / Finish	Indoors	Outdoors / Both
Mon		<input type="checkbox"/>	<input type="checkbox"/>
Tue		<input type="checkbox"/>	<input type="checkbox"/>
Wed		<input type="checkbox"/>	<input type="checkbox"/>
Thur		<input type="checkbox"/>	<input type="checkbox"/>
Fri		<input type="checkbox"/>	<input type="checkbox"/>
Sat		<input type="checkbox"/>	<input type="checkbox"/>
Sun		<input type="checkbox"/>	<input type="checkbox"/>

Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)

Please give further details here (please read guidance note 3)

State any seasonal variations for the provision of facilities for making music (please read guidance note 4)

Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)

K

Provision of facilities for dancing Standard days and timings (please read guidance note 6)		Please give a description of the type of entertainment facility you will be providing	
Day	Start / Finish	Indoors	Outdoors / Both
Mon		<input type="checkbox"/>	<input type="checkbox"/>
Tue		<input type="checkbox"/>	<input type="checkbox"/>
Wed		<input type="checkbox"/>	<input type="checkbox"/>
Thur		<input type="checkbox"/>	<input type="checkbox"/>
Fri		<input type="checkbox"/>	<input type="checkbox"/>
Sat		<input type="checkbox"/>	<input type="checkbox"/>
Sun		<input type="checkbox"/>	<input type="checkbox"/>

Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)

Please give further details here (please read guidance note 3)

State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (e) or (f) (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (e) or (f) at different times to those listed in the column on the left, please list (please read guidance note 5)

L

Late night refreshment Standard days and timings (please read guidance note 6)		Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start / Finish	Indoors	Outdoors / Both
Mon		<input type="checkbox"/>	<input type="checkbox"/>
Tue		<input type="checkbox"/>	<input type="checkbox"/>
Wed		<input type="checkbox"/>	<input type="checkbox"/>
Thur		<input type="checkbox"/>	<input type="checkbox"/>
Fri		<input type="checkbox"/>	<input type="checkbox"/>
Sat		<input type="checkbox"/>	<input type="checkbox"/>
Sun		<input type="checkbox"/>	<input type="checkbox"/>

Please give further details here (please read guidance note 3)

State any seasonal variations for the provision of late night refreshment (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list (please read guidance note 5)

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) NONE		
Mon	08:00	00:00			
Tue	08:00	00:00			
Wed	08:00	00:00			
Thur	08:00	00:00			
Fri	08:00	00:00			
Sat	08:00	00:00			
Sun	09:00	23:00			
			<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5) NONE		

**State the name and details of the individual whom you wish to specify on the licence as premises supervisor**

<b>Name</b> Mr ISMAIL ULAS
<b>Address</b> 40 LION ROAD EDMONTON LONDON
<b>Postcode</b> N9 9DW
<b>Personal Licence number (if known)</b> LN/201000669
<b>Issuing licensing authority (if known)</b> ENFIELD COUNCIL



**N**

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

N/A

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) NONE
Day	Start	Finish	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5) NONE
Mon	07:00	00:00	
Tue	07:00	00:00	
Wed	07:00	00:00	
Thur	07:00	00:00	
Fri	07:00	00:00	
Sat	07:00	00:00	
Sun	08:00	23:00	

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General -- all four licensing objectives (b,c,d,e)** (please read guidance note 9)

- STAFF TO BE TRAINED REGULARLY ON LICENSING PROVISIONS AND THIS TO BE DOCUMENTED.

**b) The prevention of crime and disorder**

- ALL INSTANCES OF CRIME AND DISORDER SHALL BE REPORTED TO THE POLICE.  
- AN INCIDENT BOOK SHALL BE USED TO RECORD ALL INSTANCES OF PUBLIC DISORDER.  
- CCTV SHALL BE INSTALLED, OPERATED AND MAINTAINED IN AGREEMENT WITH THE POLICE. THE SYSTEM WILL ENABLE FRONTAL IDENTIFICATION OF EVERY PERSON ENTERING THE PREMISES. THE SYSTEM SHALL RECORD IN REAL TIME AND OPERATE WHILST THE PREMISES ARE OPEN FOR LICENSABLE ACTIVITIES. THE RECORDINGS SHALL BE KEPT AVAILABLE FOR A MINIMUM OF 31DAYS. RECORDINGS SHALL BE MADE AVAILABLE TO AN AUTHORISED OFFICER OR A POLICE OFFICER (SUBJECT TO THE DATA PROTECTION ACT 1998) WITHIN 24HRS OF ANY REQUEST.

**c) Public safety**

- TO COMPLY WITH THE FIRE REGULATIONS AND THE PROVISIONS OF THE MANAGEMENT REGULATIONS.  
- MAINTAIN AND CHECK SYSTEMS IN PLACE, SMOKE DETECTORS, FIRE EXTINGUISHERS, EMERGENCY SAFETY LIGHTING AND FIRE ALARMS.

**d) The prevention of public nuisance**

DISCOURAGE NOISE FROM PATRONS ARRIVING AT, QUEUING OR DEPARTING FROM THE PREMISES BY DISPLAYING POLITE NOTICES FOR CUSTOMERS' ATTENTION.

**e) The protection of children from harm**

- THE LICENSEE SHALL ADOPT THE CHALLENGE 25, THE RETAIL OF ALCOHOL STANDARDS GROUP'S ADVICE FOR OFF-LICENSES.  
 - THE LICENSEE SHALL ENSURE THAT STAFF ARE TRAINED ABOUT AGE RESTRICTED PRODUCTS AND ENSURE THAT THEY SIGN TO CONFIRM THAT THEY HAVE UNDERSTOOD THE TRAINING. THE LICENSEE SHALL KEEP RECORDS OF TRAINING AND INSTRUCTION GIVEN TO STAFF.  
 - THE LICENSEE SHALL PUT ARRANGEMENTS IN PLACE TO ENSURE THAT BEFORE SERVING ALCOHOL TO YOUNG PERSONS, STAFF ASK TO SEE ACREDITED PROOF OF AGE CARDS FOR EXAMPLE PROOF OF AGE CARDS CARRYING THE 'PASS' LOGO, A PASSPORT, OR UK DRIVERS LICENCE BEARING THE PHOTOGRAPH AND THE DATE OF BIRTH OF THE BEARER.  
 -THE LICENSEE SHALL REQUIRE STAFF TO NOTE ANY REFUSALS TO SELL TO YOUNG PEOPLE IN A REFUSALS LOG.

**Please tick yes**

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	<i>T. Aey.</i>
Date	30/09/2013
Capacity	AGENT

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	



Capacity	
----------	--

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>			
MR TURAEI AY ANVA 109 BAWDSEY AVENUE			
<b>Post town</b>	ILFORD	<b>Post code</b>	IG2 7TN
<b>Telephone number (if any)</b>	07710942923		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			
INFO@A-ANVA.CO.UK			

### Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Consent of individual to being specified as premises supervisor

I MR ISMAIL ULAS  
[full name of prospective premises supervisor]

of 40 LION ROAD  
EDMONTON

LONDON N9 9DW  
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENCE [type of application]

by MR ISMAIL ULAS [name of applicant]

relating to a premises licence [number of existing licence, if any]

for MORDEN FOOD CENTRE

17-18 MORDEN COURT PARADE

LONDON Rd, MORDEN SM4 5HT

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made

by MR ISMAIL ULAS [name of applicant]

concerning the supply of alcohol at MORDEN FOOD CENTRE

17-18 MORDEN COURT PARADE,

LONDON Rd, MORDEN SM4 5HT

[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

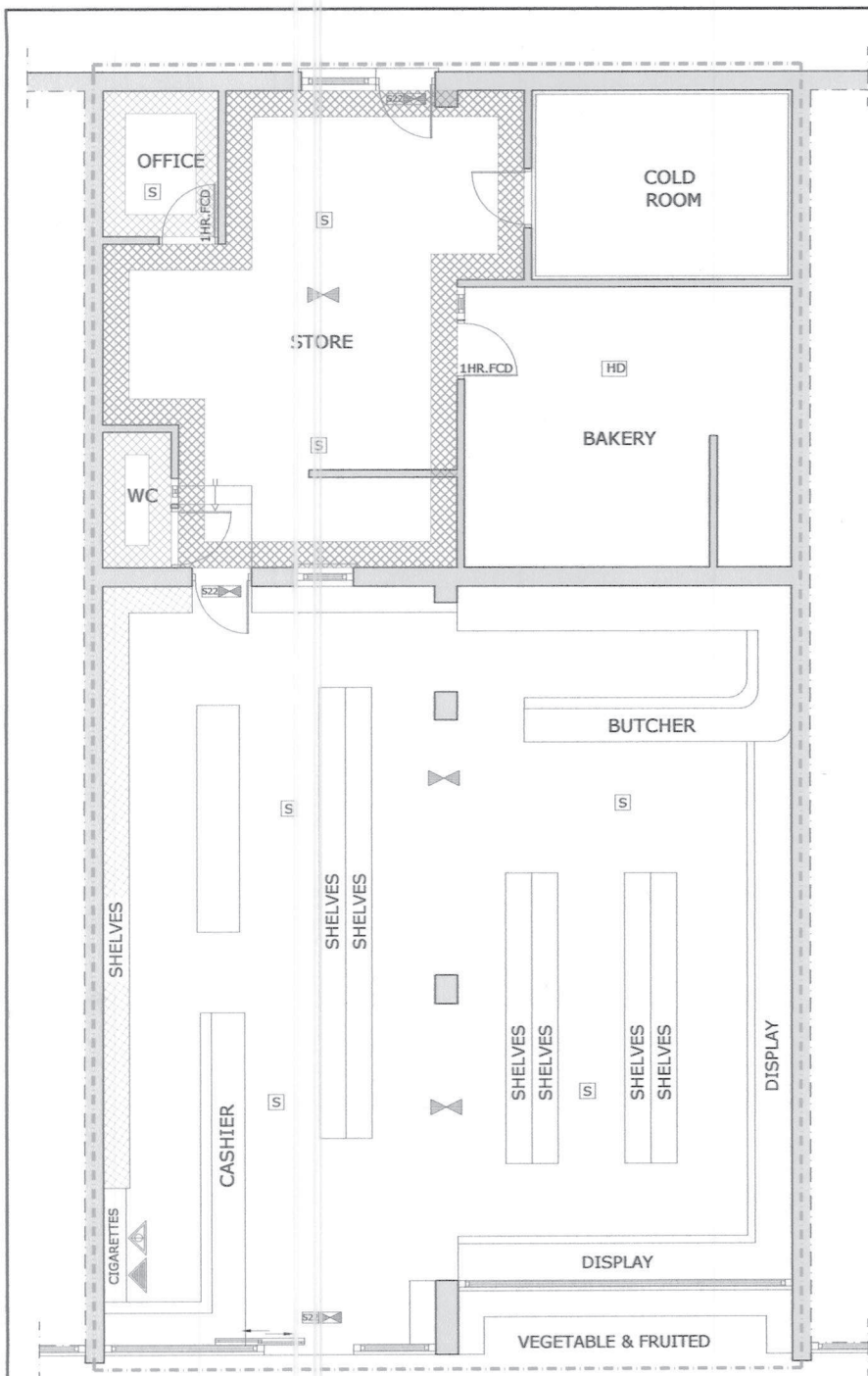
Personal licence number LN/201000669  
[insert personal licence number, if any]

Personal licence issuing authority ENFIELD COUNCIL  
[insert name and address and telephone number of personal licence issuing authority, if any]











[Signature] signed

MR ISMAIL ULAS name (please print)

04/07/2013 dated



**LEGEND**

-  SAFETY LIGHTING
-  SMOKE DETECTOR
-  HEAT DETECTOR
-  INTERNALLY ILLUMINATED FIRE ESCAPE SIGN (BS 5266)
-  WC, PASSAGEWAY, ETC
-  DRINKING & REFRESHMENT AREA
-  LIQUOR STORAGE
-  AMBIT OF LICENSED PREMISES
-  CARBON DIOXIDE FIRE EXTINGUISHER
-  9 LT. WATER FIRE EXTINGUISHER

GROUND FLOOR AREA: 156.40 m<sup>2</sup>

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**MORDEN FOOD CENTRE**  
 17-18 MORDEN COURT TRADE  
 LONDON ROAD  
 MORDEN SM4 5HJ

**-GROUND FLOOR PLAN**

SCALE: 1/100

REF. NO : ???/13/01

DATE: MAY 2013

DRG BY: A.AY

**anva** architectural,  
 engineering and licensing

P.O. BOX 1827  
 ILFORD. IG2 7WJ  
 TEL: 020 8599 5036 FAX: 020 8586 4401  
 MOBILE: 077 10942923 / 079 30407212

E-MAIL: info@a-anva.co.uk

**GROUND FLOOR PLAN**

SCALE: 1/100

L O N D O N R O A D

