

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

(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			
CASTLE FARM SHOP OLD TOWN ST. MARY'S			
Post town	ISLES OF SCULLY	Postcode	TR21 0NN
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 6,400	

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | 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 (by ticking yes to one box below):

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)

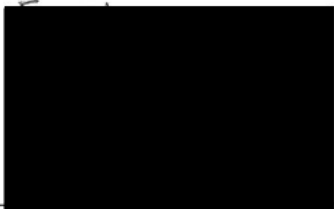

M <input type="checkbox"/>	Mr <input type="checkbox"/>	Mi <input type="checkbox"/>	M <input type="checkbox"/>	Other Title (for example, Rev)	
r		s		ss	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

M r	Mr s	Mi ss	M s	Other Title (for example, Rev)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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	CASTLE FARM SHOP LTD.
Address	
Registered number (where applicable)	16149245
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	shopcastlefarm@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
02	05	2025

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

CORNER SHOP / CONVENIENCE STORE
SITUATED IN OLD TOWN, ST MARY'S, ISLES OF SCILLY
BETWEEN "SCILLY SPIRIT" AND "OLD TOWN INN"
SHOP LAYOUT FOR CUSTOMERS ACCESS ARE 2
ROOMS ON GROUND FLOOR LEVEL (OPEN PLAN)
1ST FLOOR ACCESS STRICTLY STAFF ONLY AND TO
BE USED FOR STORAGE OF DRY GOODS STOCK

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

☐

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

☒

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>	
					Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both				<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)				
Tue							
Wed			State any seasonal variations for performing plays (please read guidance note 5)				
Thur							
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 6)				
Sat							
Sun							

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
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 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<u>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</u> (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Thur						
Fri						
Sat			<u>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</u> (please read guidance note 6)			
Sun						

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
					Please give further details here (please read guidance note 4)	
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
State any seasonal variations for the performance of live music (please read guidance note 5)						
		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 6)				

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)			
Thur						
Fri			<u>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</u> (please read guidance note 6)			
Sat						
Sun						

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)			
Fri						
Sat			<u>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</u> (please read guidance note 6)			
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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) at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)			
Fri						
Sat			<u>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</u> (please read guidance note 6)			
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) 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 (please read guidance note 6)		
Mon	08.00	22.00			
Tue	08.00	22.00			
Wed	08.00	22.00			
Thur	08.00	22.00			
Fri	08.00	22.00			
Sat	08.00	22.00			
Sun	08.00	22.00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name		
Date of birth		
Address		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		

K

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 9).

NOT APPLICABLE

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	08.00	22.00
Tue	08.00	22.00
Wed	08.00	22.00
Thur	08.00	22.00
Fri	08.00	22.00
Sat	08.00	22.00
Sun	08.00	22.00

State any seasonal variations (please read guidance note 5)

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 (please read guidance note 6)

M

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

ALL SALES OF ALCOHOL WILL BE MADE OR AUTHORISED BY THE DESIGNATED PREMISES SUPERVISOR
NO ALCOHOL SALES TO ANY PERSONS UNDER THE AGE OF 18 PERMITTED
CHALLENGE-25 POLICY WILL BE ADHERED TO REQUESTING VALID ID TO PROVIDE PROOF OF AGE - SIGNAGE IN SHOP TO CLEARLY ADVERTISE THE CHALLENGE-25 POLICY TO CUSTOMERS

HOME DELIVERIES WILL ALSO BE SUBJECT TO CHALLENGE-25 POLICY WHERE THE RECIPIENT APPEARS TO BE UNDER THE AGE OF 25
A REFUSALS REGISTER WILL BE KEPT FOR 12 MONTHS AND MADE AVAILABLE UPON REQUEST BY AN OFFICER OF THE RESPONSIBLE AUTHORITIES

NO ALCOHOL WILL BE SOLD FOR OFF PREMISES CONSUMPTION AT A PRICE WHICH IS LESS THAN THE PERMITTED PRICE

STAFF WILL BE TRAINED IN THE DELIVERY OF ALL LICENSING OBJECTIVES - STAFF TRAINING WILL BE DOCUMENTED AND KEPT FOR 12 MONTHS AND AVAILABLE FOR INSPECTION UPON REQUEST BY AN OFFICER OF THE RESPONSIBLE AUTHORITIES

b) The prevention of crime and disorder SIGNAGE CLEARLY DISPLAYED SO CUSTOMERS AWARE OF CCTV RECORDING ON PREMISES

CCTV SYSTEM INSTALLED ON PREMISES AND WILL BE MAINTAINED IN GOOD WORKING ORDER. CCTV CONTINUOUS RECORDING 24 HOURS DAILY WITH INFRARED NIGHT VISION. CCTV IMAGES RECORDED ONTO A HARD DRIVE ABLE TO PROVIDE CLEAR FACIAL RECOGNITION IMAGES THAT WILL BE RETAINED FOR A MINIMUM OF 28 DAYS

NO SALES OF ALCOHOL WILL BE MADE TO ANY PERSON WHO IS BANNED ON THE LOCAL PUB WATCH SCHEME - ANY PERSON WHO APPEARS TO BE DRUNK OR UNDER THE INFLUENCE OF ANY BANNED SUBSTANCES WILL BE

POLITELY ASKED TO LEAVE THE SHOP + INFORMED THAT THEY ARE ON CCTV

c) Public safety ANY REFUSALS TO LEAVE WILL RESULT IN INVOLVEMENT OF LOCAL POLICE

PHYSICAL SAFETY OF CUSTOMERS + STAFF WHILST ON PREMISES WILL BE MANAGED BY CONSTANT IMPLEMENTATION OF THE SHOP RISK ASSESSMENT - ALL STAFF WILL BE SUFFICIENTLY TRAINED + HAVE ACCESS TO IT TO RECORD ANY INCIDENTS/NEW HAZARDS IDENTIFIED EXISTING FLOORING IS ANTI-SLIP - FIRE ALARMS ARE INSTALLED EMERGENCY EXIT LIGHTS ARE INSTALLED WITH EXITS KEPT CLEAR AND UNLOCKED DURING SHOP HOURS - SENSIBLE SHOP LAYOUT + GOOD LIGHTING AGGRESSIVE, ABUSIVE OR VIOLENT BEHAVIOUR NOT TOLERATED - PERSONS POLITELY ASKED TO LEAVE IMMEDIATELY + CCTV MADE AVAILABLE AS EVIDENCE TO THE POLICE

d) The prevention of public nuisance

- ① CCTV WILL BE MADE AVAILABLE TO THE RESPONSIBLE AUTHORITIES IN THE EVENT OF ANYONE BEHAVING IN A MANNER THAT CONSTITUTES PUBLIC NUISANCE INSIDE THE SHOP OR ON THE FORECOURT (INC. AFTER HOURS)
- ② REPEAT OFFENDERS TRYING TO PURCHASE ALCOHOL WHEN DRUNK OR UNDER AGE WILL RESULT IN A BAN FROM THE SHOP + NOTIFICATION TO LOCAL PUB WATCH SCHEME
- ③ ANY PERSONS WHO ACT IN A MANNER THAT DECENT PEOPLE FIND REMOTELY UPSETTING/UNSETTLING INSIDE SHOP OR ON FORECOURT ASKED TO IMMEDIATELY LEAVE - REPEAT BEHAVIOUR TO RESULT IN BAN
- ④ BINS TO BE PROVIDED OUTSIDE DURING OPENING HOURS ONLY FOR LITTER ACQUIRED WITHIN THE SHOP (ICE CREAM WRAPPERS + DRINKS CANS)

* ANYONE WHO MAY APPEAR TO INTEND TO PURCHASE

e) The protection of children from harm ALCOHOL FOR MINORS WILL BE REFUSED SERVICE

- ① SHOP WILL ADHERE TO AND CARRY OUT A CHALLENGE-25 POLICY FOR SALES OF ALCOHOL - REQUESTING VALID ID TO PROVIDE PROOF OF AGE *
- ② A NOTICE ADVISING CUSTOMERS THAT THEY MAY BE REQUIRED TO PROVE THEIR AGE BEFORE THEY CAN BUY ALCOHOL WILL BE CLEARLY DISPLAYED
- ③ NO INAPPROPRIATE ADVERTISING OF DRINKS PROMOTIONS OR ALCOHOL SALES FOR LESS THAN THE PERMITTED PRICE
- ④ INAPPROPRIATE LANGUAGE IN FRONT OF CHILDREN - OR BY CHILDREN AMONG THEIR PEERS - WILL NOT BE TOLERATED

Checklist:

Please tick to indicate agreement

- 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 designated 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	[REDACTED]
Date	[REDACTED]
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
shopcastlefarm@gmail.com			

Responsible authorities – contact details

Responsible authority	Address	Telephone
Protection of Children	Senior Manager for Services to Our Community Council of the Isles of Scilly Town Hall St Mary's Isles of Scilly TR21 0LW	01720 424034 akhan@scilly.gov.uk
Police	C/o Licensing Department (West), Launceston Police Station, Moorland Road, Launceston, Cornwall PL15 7HY	tel: 01566 771309 fax: 01566 771388 Licensing.team@devonandcornwall.pnn.police.uk
Fire	Mr Terry Nottle Isles of Scilly Fire Authority	01720 424331 csadmin@fire.cornwall.gov.

	The Airport St Mary's, Isles of Scilly	uk
Health & Safety	Health & Safety Officer Health and Safety Council of the Isles of Scilly	01720 424310 cdryden@scilly.gov.uk
Environmental Health	Mike Coates / Alexander Campbell Environment Health Council of the Isles of Scilly	01720 424317 environmentalhealth@scilly.gov.uk
Planning	Craig Dryden / Lisa Walton Planning and Development Council of the Isles of Scilly	01720 4240310 planning@scilly.gov.uk
Trading Standards	Trading Standards Council of the Isles of Scilly	01720 424317 environmentalhealth@scilly.gov.uk
Primary Care Trust	Mike Roberts Health Impact Assessment Coordinator NHS Cornwall and Isles of Scilly Sedgemoor Centre, Priory Road ST AUSTELL PL25 5AS	Licensing.notifications@cornwall.nhs.uk
Economic Development	Economic Development Council of the Isles of Scilly	01720 424046 jpearce@scilly.gov.uk
St Mary's Police	Isles of Scilly Police Station, Garrison Lane St Mary's, Isles of Scilly, TR21 0JD	Lisa.woolley@devonandcornwall.pnn.police.uk
Director of public health	Cornwall	steve.brown@cornwall.gov.uk
Additional Responsible Authorities for Vessels		
Maritime and Coastguard Agency	MCA Falmouth Pendennis Point Castle Drive Falmouth PL11 4WZ	01326 310800
The Environment Agency	Sir John Moore House Victoria Square, Bodmin, PL31 1EB	01208 78301