

**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 PLK CHICKEN UK LIMITED

(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 POPEYES 137-143 High Street			
Post town	SUTTON	Postcode	SM1 1JH

Telephone number at premises (if any)	
Non-domestic rateable value of premises	142000

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 ☐ 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)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth			I am 18 years old or <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)					

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)	
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Surname		First names	
Date of birth over		I am 18 years old or <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)			

(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 PLK CHICKEN UK LIMITED
Address 27 Old Gloucester Street, London, United Kingdom, WC1N 3AX
Registered number (where applicable) 13135583
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE LIMITED COMPANY
Telephone number (if any) [REDACTED]
E-mail address (optional) mbrowning@balaw.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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?

DD		MM		YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<https://popeyesuk.com/our-story>

See above. Popeyes is a Louisiana chicken restaurant serving nationwide in the UK.

Popeyes DOES NOT SERVE ALCOHOL. This application is for the supply of hot food and drink only (Late Night Refreshment “LNR”)

Popeyes is requesting LNR daily until 3am, whilst closing to the public at 1am. Please see attached suggested conditions.

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <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)			<u>Will the performance of a play 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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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			
			<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)
Thur			
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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live 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 performance of live music</u> (please read guidance note 5)			
Thur						
Fri			<u>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</u> (please read guidance note 6)			
Sat						
Sun						

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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"/>
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 performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)	
Wed				
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)	
Fri				
Sat			<u>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</u> (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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4) .PREMISES WOULD CLOSE TO MEMBERS OF THE PUBLIC AT 0100. DELIVERY ONLY BETWEEN 0100 AND 0300.		
	2300	0300			
Tue					
	2300	0300			
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
	2300	0300			
Thur					
	2300	0300			
Fri			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 6)		
	2300	0300			
Sat					
	2300	0300			
Sun					
	2300	0300			

J

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

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 NO DPS IS REQUIRED	
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).
NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) DELIVERY ONLY FROM THE PREMISES BETWEEN 0100 AND 0300 BUT CLOSED TO THE PUBLIC.
Day	Start	Finish	
Mon	0700	0100	<u>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</u> (please read guidance note 6)
Tue	0700	0100	
Wed	0700	0100	
Thur	0700	0100	
Fri	0700	0100	
Sat	0700	0100	
Sun	0700	0100	

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)

Please see a full description of the premises above.

Suggested conditions are attached designed to promote the licensing objectives

b) The prevention of crime and disorder

Suggested conditions are attached designed to promote the licensing objectives

c) Public safety

Suggested conditions are attached designed to promote the licensing objectives.

d) The prevention of public nuisance

Suggested conditions are attached designed to promote the licensing objectives.

e) The protection of children from harm

Suggested conditions are attached designed to promote the licensing objectives

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 (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, if appropriate (please see note 15)
Signature	
Date	20 MAY 2025
Capacity	BA LAW OBO THE APPLICANTS

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	
Date	
Capacity	





Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) MARK BROWNING BA LAW 357 WIMBLEDON PARK ROAD			
Post town	LONDON	Postcode	SW19 6NS
Telephone number (if any)	07956 415441		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) mbrowning@balaw.co.uk			

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:

POPEYES SUTTON

Popeyes operates to ensure that their operations do not impact the main concerns associated with restaurants and take-aways such as;

-  Noise from patrons or delivery vehicles
-  Litter dropped by patrons.
-  Cooking smells.
-  People congregating after late-night drinking, where there is a small associated risk for violence and anti-social behaviour to occur as a result.

Much of the late night concerns are caused by alcohol led premises. Even though Popeyes do not serve or sell alcohol, Popeyes recognise that after 1am there is a chance that persons could be attracted to the restaurant from alcohol premises. Popeyes therefore propose to close to the public at 01:00 and to request delivery only on those days until 03:00. In our respectful submission, any cumulative impact would be negated as a result.

In addition, the Proposed conditions below have therefore been designed to promote the Licensing Objectives and to further minimise any cumulative impact considerations. will do everything to ensure that staff are adequately trained to run a safe, ordered and family-friendly restaurant.

1. A CCTV system with recording equipment must be installed and maintained at the premises and operated with cameras in positions agreed with the Police. All recordings used in conjunction with CCTV must:
 - Be of evidential quality in all lighting conditions;
 - Indicate the correct time and date; and
 - Be retained for a period of 31 consecutive days.

A member of staff trained to use the system must be on duty at all times licensable activities are taking place, as the recorded images must be available for inspection immediately upon request to all officers of Responsible Authorities. A system must be in place to provide images for uploading upon request to the Police. There must also be adequate portable hardware (such as compact disks or USB storage devices) at the premises, as the recorded images must be available for downloading immediately upon request to officers of other Responsible Authorities.

2. All images downloaded from the CCTV system, must be provided in a format that can be viewed on readily available equipment without the need for specialist software.
3. An incident/accident book or electronic record will be kept to record all instances of disorder, damage to property and personal injury at the premises. Such records are to be made available for inspection and copying by the Police and other officers of Responsible Authorities immediately upon request, and all such records to be retained at the premises for at least 12 months.



4. Persons carrying any open vessel(s) that may contain alcohol must not be admitted to the premises.
5. All areas of the premises, that the public have access to, must be 'glass free' at all times the premises are open to the public.
6. Clear notices must be prominently displayed requesting customers to leave the premises and the area in a quiet and orderly manner.
7. Deliveries must only be delivered to a residential or business address and not to an open public space such as a street corner, park etc.
8. Clear and legible notices must be prominently displayed at all entrances/exits requesting delivery drivers not to loiter unnecessarily in any area outside the premises and to leave in a quiet and orderly manner.
9. Delivery drivers must be managed by staff to ensure that they do not cause a nuisance.
10. Staff must ensure that the front of the premises is swept and kept clean.
11. Staff must ensure that patrons do not congregate outside the restaurant.
12. The Premises will employ WAVE Training as well as Ask Angela and Child Safeguarding Policies.




[illegible]

DATE	DESCRIPTION	IN
03.03.2025	STARTED TO INCLUDE EXTERNAL SALES	102
16.09.2024	REMOVED SALES LEAD TO REJECT	10



CLIENT	POPEYES	DATE	11/15/11
PROJECT	SUTTON	DRAWING TITLE	PROPOSED LICENSING PLAN
SCALE	1:50	DRAWING NO.	201074-1-DR-10-20-120
DATE	11/15/11	STATUS	50
CHECKED	50	PURPOSE OF ISSUE	CONSTRUCTION PACK
DRAWN	TM	DRAWING IN	201074-1-DR-10-20-120
REV	50		

FIRE ROUTES	
	CUSTOMER ESCAPE ROUTE
	STAFF ESCAPE ROUTE

FIRE PRECAUTIONS	
	ALL FLOOR FIRE EXTINGUISHER 1/2
	2000GAL FUEL TANKS IN PH
	PH FLUORET 1/4

ALL FIRE HAZARDS TO BE SUPPRESSED AND ELIMINATED TO THE MAXIMUM EXTENT POSSIBLE TO PREVENT ANY APPROPRIATE VAIL, SCENT ROUTING

THE FIRE ROUTES TO BE IN A LINE WITH THE ROUTING TO THE TOP OF THE 1/4 FLUORET 1/4

ALL EXTINGUISHERS TO BE SUPPLEMENTED TO EACH RESIDENTIAL OFFICE, OTHER OFFICE AND OUTPOST FOR THE MAINTENANCE OF THE ROUTE.

NOTE: DRAWING OF FIRE ROUTES COMBINING WITH HAZARD OF REFERENCE FOR PH FLUORET 1/4

[illegible]

LICENSED PREMISES

THE LOCATION AND TYPE OF FIRE SAFETY EQUIPMENT SHALL BE APPROVED BY THE PRESIDENT. THIS MAY VARY FROM THE TO THE AGREEMENT OF THE FIRE OFFICER OR FIRE RISK ASSESSMENT











INTERNAL LICENSABLE AREA

EXTERNAL LICENSABLE AREA

INTERNAL LICENSABLE AREA: 116.51sqm / 1264.10sqft

EXTERNAL LICENSABLE AREA: 7.25sqm / 785.1sqft

TOTAL NUMBER OF COVERS : 70

EMERGENCY LIGHT FITTINGS SCHEDULE		QTY	DESCRIPTION
INACES	SYMBOL	21	TRAY, GRID AND MF-EMERGENCY LIGHT 100W 3W LED EMERGENCY CONTACT DOWNLIGHT NITE-15, 15.1W 1P 1500MM X 150MM (1 X 3000MM) CONTACT LATCH ON - 4MM, LATCH OFF TO COULX PHOTO 000 611 023 PHOTO 000 611 023
		2	EMERGENCY CONTACT LIGHT NITE-15, 15.1W 1P 1500MM X 150MM (1 X 3000MM) CONTACT LATCH ON - 4MM, LATCH OFF TO COULX PHOTO 000 611 023 PHOTO 000 611 023
		13	EMERGENCY CONTACT LIGHT NITE-15, 15.1W 1P 1500MM X 150MM (1 X 3000MM) CONTACT LATCH ON - 4MM, LATCH OFF TO COULX PHOTO 000 611 023 PHOTO 000 611 023
		N/A	EMERGENCY CONTACT LIGHT NITE-15, 15.1W 1P 1500MM X 150MM (1 X 3000MM) CONTACT LATCH ON - 4MM, LATCH OFF TO COULX PHOTO 000 611 023 PHOTO 000 611 023
		N/A	EMERGENCY CONTACT LIGHT NITE-15, 15.1W 1P 1500MM X 150MM (1 X 3000MM) CONTACT LATCH ON - 4MM, LATCH OFF TO COULX PHOTO 000 611 023 PHOTO 000 611 023
		4	EMERGENCY CONTACT LIGHT NITE-15, 15.1W 1P 1500MM X 150MM (1 X 3000MM) CONTACT LATCH ON - 4MM, LATCH OFF TO COULX PHOTO 000 611 023 PHOTO 000 611 023

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