

**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 **ANDREEA MICHELA MOSTEANU**

*(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 <b>160 QUEENS ROAD BUCKHURST HILL ESSEX</b>			
<b>Post town</b>		<b>Postcode</b>	<b>IG9 5BD</b>

<b>Telephone number at premises (if any)</b>	
<b>Non-domestic rateable value of premises</b>	<b>£</b>

**Part 2 - Applicant details**

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

- a) an individual or individuals \*       please complete section (A)
- b) a person other than an individual \*
  - i as a limited company/limited liability partnership       please complete section (B)
  - ii as a partnership (other than limited liability)       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 (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 checked="" type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> MOSTEANU			<b>First names</b> ANDREEA MICHELA		
<b>Date of birth</b> [REDACTED]		I am 18 years old <input type="checkbox"/> Please tick yes			
<b>Nationality</b> BRITISH					
<b>Current residential address if different from premises address</b>		[REDACTED] WOODLAND WAY WOODFORD GREEN ESSEX			
<b>Post town</b>			<b>Postcode</b>		[REDACTED]
<b>Daytime contact telephone number</b>			[REDACTED]		
<b>E-mail address (optional)</b>					

**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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<b>Surname</b>		<b>First names</b>	
<b>Date of birth over</b>		I am 18 years old or	<input type="checkbox"/> Please tick yes
<b>Nationality</b>			
Current postal address if different from premises address			
Post town		Postcode	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**(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.**

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

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
0	1	072017

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)

RESTAURANT

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)

**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**

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

**B**

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

**C**

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

Fri		
Sat		
Sun		

**D**

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

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11.00	23.00	<b>Please give further details here</b> (please read guidance note 4)		

Tue	11.00	23.00	
Wed	11.00	23.00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5) New Years Eve, Christmas Eve when provided until 0.30
Thur	11.00	23.00	
Fri	11.00	23.00	<b>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</b> (please read guidance note 6)
Sat	11.00	23.00	
Sun	11.00	23.00	

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11.00	23.00	<b>Please give further details here</b> (please read guidance note 4)		
Tue	11.00	23.00			
Wed	11.00	23.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5) New Years Eve, Christmas Eve when provided until 0.30		
Thur	11.00	23.00			
Fri	11.00	23.00	<b>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</b> (please read guidance note 6)		
Sat	11.00	23.00			
Sun	11.00	23.00			



## G

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

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					

Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</u></b>
Fri			
Sat			
Sun			<b><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 (please read guidance note 6)</u></b>

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input checked="" type="checkbox"/>
Mon	11.00	23.00	<b><u>Please give further details here (please read guidance note 4)</u></b>	
Tue	11.00	23.00		
Wed	11.00	23.00	<b><u>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</u></b> New Years Eve, Christmas Eve provided until 0.30	
Thur	11.00	23.00		
Fri	11.00	23.00	<b><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 (please read guidance note 6)</u></b>	
Sat	11.00	23.00		
Sun	11.00	23.00		

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" 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 5) NEW YEARS EVE & CHRISTMAS EVE when provided until 0.30		
Mon	11.00	23.00			
Tue	11.00	23.00			
Wed	11.00	23.00			
Thur	11.00	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 6)		
Fri	11.00	23.00			
Sat	11.00	23.00			
Sun	11.00	23.00			

**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 ANDREEA MICHELA MOSTEANU	
Date of birth [REDACTED]	
Address [REDACTED] Woodland Way Woodford Green Essex	
Postcode	[REDACTED]
Personal licence number (if known)	
Issuing licensing authority (if known) [REDACTED] London Borough of Hackney.	



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).**

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5) New Years Eve and Christmas Eve when open until 0.30
Day	Start	Finish	<b><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></b> (please read guidance note 6)
Mon	11.00	23.00	
Tue	11.00	23.00	
Wed	11.00	23.00	
Thur	11.00	23.00	
Fri	11.00	23.00	
Sat	11.00	23.00	
Sun	11.00	23.00	

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**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)**

The Management will adhere to all health and safety requirements.

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

The premises are run by experienced staff. Many of the customers are known to the staff. Children will always be accompanied by an adult and are not permitted at the bar. Photographic ID is required where there is a doubt over age. If none provided then alcohol is refused. Drunkenness on the premises is not tolerated and any such person would be asked to leave immediately. The premises are run on a day to day basis by the owner of the business.

**c) Public safety**

The premises are used primarily as a restaurant. The building is located in a mixed residential and commercial road. Most customers are aged over 25 years and many are local. There are fire hydrants positioned about the premises including the kitchen and also a fire blanket. These are tested regularly. The fire exits are clearly marked. The designated supervisor has had training in fire drill.

**d) The prevention of public nuisance**

The premises are in a fixed residential and commercial location. Access is by car and public transport. Customers will be requested to leave quietly.

Drunkenness on the premises is not tolerated and any such person would be asked to leave immediately.

The premises are run on a day to day basis by the owner of the business who is to be the designated supervisor.

Music is played as background music. Management are aware of noise control and this would not exceed what is currently permitted. Customers who smoke will be directed to the garden area and will be asked not to stand at the front of the property.

It is proposed that a wind down period of 30 minutes be allowed to stagger leaving the premises.

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

Any children on the premises must be in the company of adults. They are not permitted at the bar area. There is no adult material on the premises which the children would come in contact with and there are no events aimed at children.

The premises are run by experienced staff who will refuse alcohol to anyone under age and Photographic ID is required if in doubt.

**Checklist:**

**Please tick to indicate agreement**

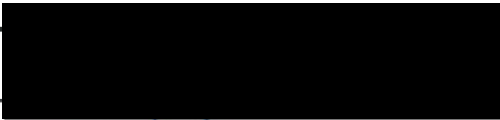
- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, 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)

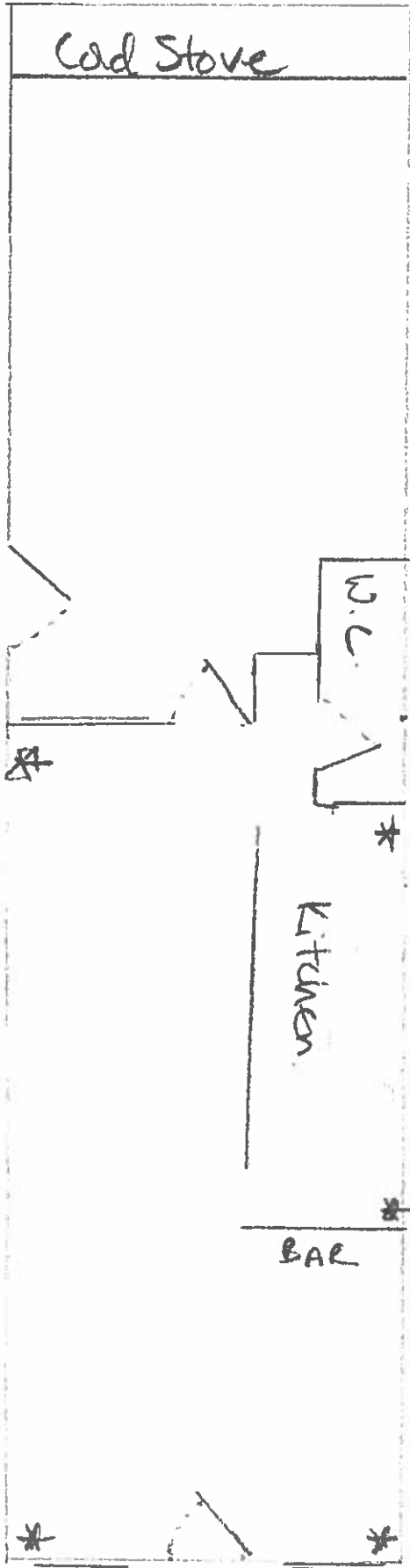
**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
Signature	
Date	16/6/17
Capacity	Applicant

**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 13). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	Solicitor

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</b>			
DIAMONDS SOLICITORS			
3 Queens Mews			
Queens Road			
Buckhurst Hill			
Essex			
		Postcode	<b>IG9 5AZ</b>
Telephone number (if any)	020 8559 0778		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
jane@diamondssolicitors.com			

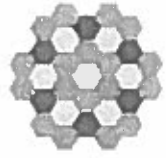


\* Five hydrants.

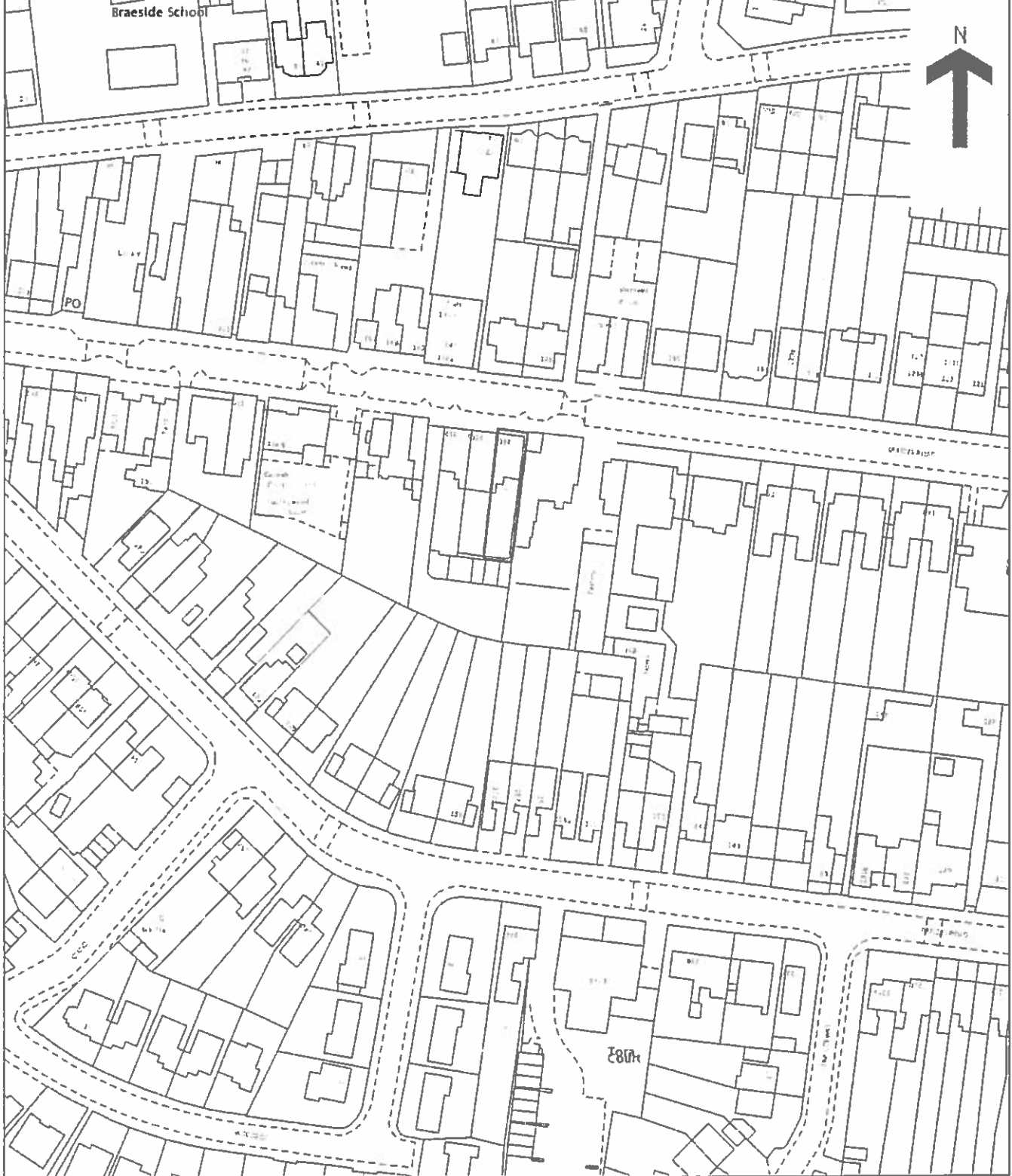


HM Land Registry  
Official copy of  
title plan

Title number EX245827  
Ordnance Survey map reference TQ4193NW  
Scale 1:1250  
Administrative area Essex : Epping Forest



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# Epping Forest District Council

## Consent of individual to being specified as premises supervisor

I .....ANDREEA MICHELA  
MOSTEANU.....(insert name of  
prospective premises supervisor)

Of ..... Woodland Way Woodford Green Essex  
.....  
(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 variation of designated  
premises supervisor

by ... *Andreea Michela Mosteanu* ..... (name of applicant)

relating to premises licence [redacted] number of existing licence if  
any)

for ..... 160 Queens Road Buckhurst Hill Essex IG9  
5BD.....  
..... (name  
and address of premises to which application relates)

and any premises licence to be granted or varied in respect of this application  
made by the above applicant concerning the supply of alcohol at the above  
named premises.

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

Personal Licence Number... [redacted] ..... (insert personal  
licence number, if any )

Personal licence issuing authority ... *London Borough of Hackney* .....  
[redacted] ..... (insert name, address and  
telephone number of issuing authority, if any)

Signed..... [redacted] .....

Print Name..... *Andreea Michela Mosteanu* .....

Dated..... *21.06.2017* .....

Announcements - Public Notices

**Licensing Act 2003**  
**Application for the Variation of a Premises Licence**  
**Notice of application for the variation of a**  
**Premises Licence under section 34(5) of the**  
**Licensing Act 2003.**

Notice is hereby given that Perry's Students College Breakfast has applied to the London Borough of Westminster for the grant of a Premises Licence at Project 0607 High Road Leyton E10 9JL. The nature of the application is as follows: To permit the sale of alcohol & late night refreshments for consumption on & off the premises 07.00 - 05.00 24 days.  
 (The Licensing register setting full details of this application to 1001 by the Licensing Services, Spencer's House, Westminster (Town Hall) Ford Road, Westminster E17 4BL)  
 The application may be viewed (Monday to Friday between the hours of 9am - 5pm (except Bank Holidays). Any person wishing to make a representation in respect of the above activities may do so by writing to the Licensing Services, Spencer's House, Westminster (Town Hall) Ford Road, Leyton E17 4BL or by email: Licensing@westminster.gov.uk. Representations must be received no later than 27 May 2017. It is an offence to knowingly or recklessly make a false statement in connection with this application. A person is liable to an unlimited fine on conviction should such a false statement be made.

**LICENSING ACT 2003**

**APPLICATION TO GRANT A PREMISES LICENCE**

We, the undersigned, holders of 3 Queen's Mans, Queen's Road, Buckhurst Hill, Essex SS0 9AZ, hereby give notice that we have applied on behalf of Andrew Michael Matthews for a Premises Licence in respect of 160 Queen's Road Buckhurst Hill Essex SS0 9AZ as follows:

The Licence if granted is to enable the following activities to take place: Sale of alcohol on and off the premises, Provision of regulated entertainment (Provision of entertainment for the purpose of the Licence).  
 Licence to Monday 11.0am to 12.00pm.

Any person wishing to make representations in relation to this application may do so by writing to the Licensing Services, Esping Field Road, Colchester, Essex CO1 4ZG or by email to: Licensing@colchester.gov.uk

Representations may be made for 28 consecutive days from the date of this notice. A copy of the notice may be viewed at the premises or by writing to the Licensing Services, Esping Field Road, Colchester, Essex CO1 4ZG. The notice may also be viewed at the premises or by writing to the Licensing Services, 145 Queen's Road, Colchester, Essex CO1 4ZG. The notice may also be viewed at the premises or by writing to the Licensing Services, 145 Queen's Road, Colchester, Essex CO1 4ZG. The notice may also be viewed at the premises or by writing to the Licensing Services, 145 Queen's Road, Colchester, Essex CO1 4ZG.

**ROBIN JOHN BROWNING**

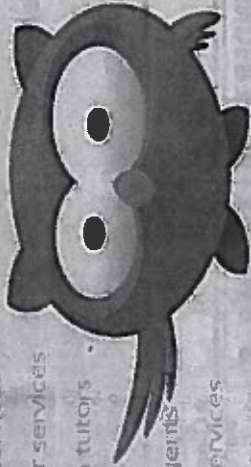
(Deceased)

Pursuant to the Trustee Act 1925 and in pursuance of a claim against any persons having a claim against or an interest in the Estate of the above-named deceased, late of 27 Kilmarnock Lodge 26 Kilmarnock Grove, Chesham Road EA 6BU, who died on 21/10/2016, any request to be made in writing to the undersigned in relation to the estate of the above-named deceased shall be directed to the undersigned (having regard only to claims and interests of which they have had notice).

21 Grosvenor Lane, Aylesbury, Bucks HP9 1JF

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- Pest control



Guardian

guardian-series

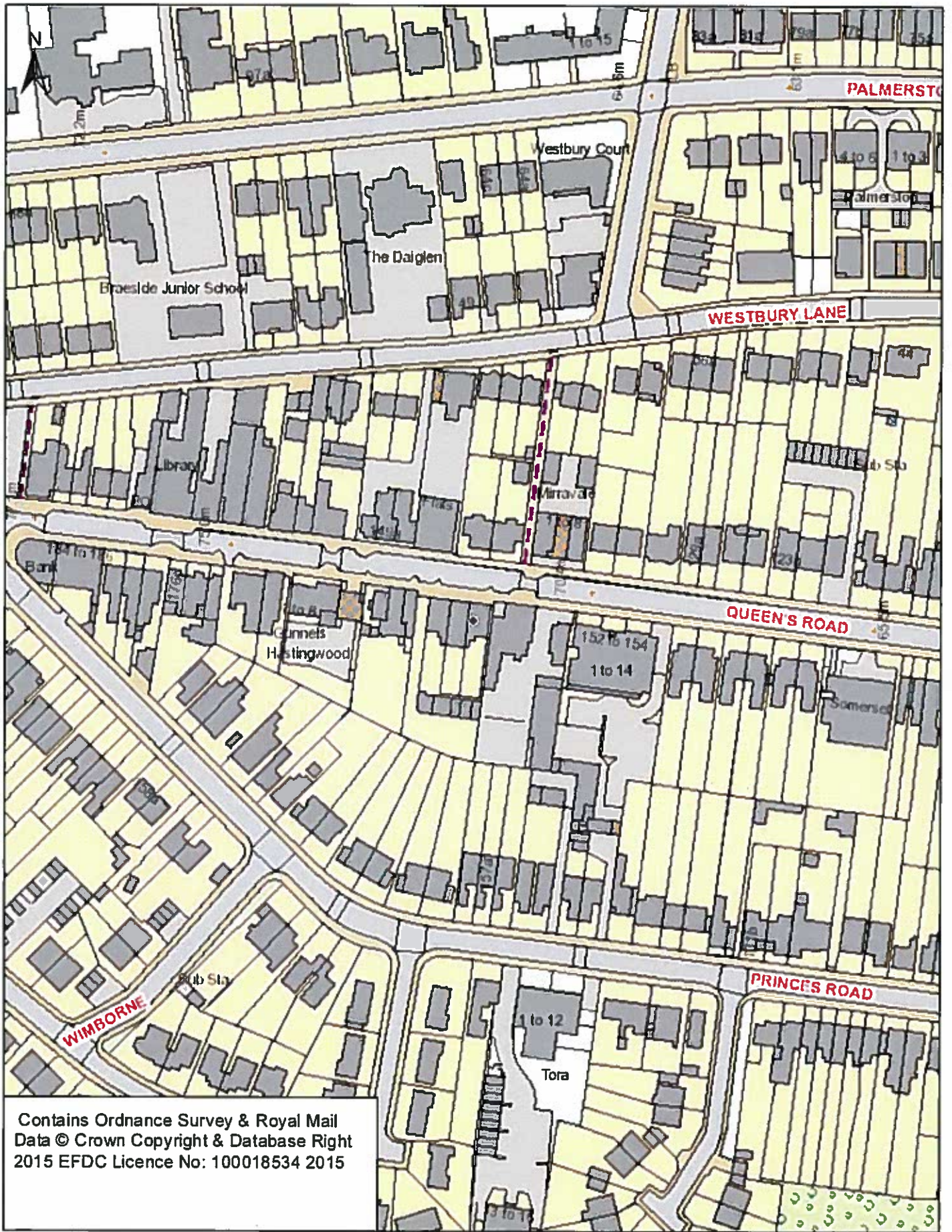
Advertising Standards Authority

ASA

Pete tells everyone he's six foot. (He's five foot ten. In Caban heels)

We all bend the truth now and then. But advertisers are not allowed to. If an ad isn't legal, obviously it's not truthful. It might not run.





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