



**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 ~~XXXXXXXXXX~~ LASANI INDO PERSIAN 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 LASANI INDO PERSIAN 72 MAID MARIAN WAY			
<b>Post town</b>	NOTTINGHAM	<b>Postcode</b>	NG1 6BJ

Telephone number at premises (if any)	07866000309
Non-domestic rateable value of premises	£75500.00

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

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> Please tick yes			
<b>Nationality</b>					
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			
<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> LASANI INDO-PERSIAN LIMITED
<b>Address</b> 45 Leopold Street, Derby, England, DE1 2HF
<b>Registered number (where applicable)</b> COMPANY REGISTRATION NUMBER: 17160367
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Limited company



Telephone number (if any) 07866000309
E-mail address (optional) safir.iqbal@hotmail.com

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
2	0	07 2 0 2 6

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)

The premises comprise a ground-floor restaurant operating as an Indo-Persian restaurant, providing both dine-in and takeaway services. The premises are situated within a commercial area and have a seating capacity of approximately 80 covers.

The layout consists of a customer dining area with table seating, a service counter, kitchen and food preparation areas, a bar counter, customer toilet facilities, and storage areas. Access and egress are via the main entrance at the front of the premises which also have a disabled access availability.

The business will operate as a restaurant, serving customers who are seated and taking meals on the premises. In addition, the premises will provide takeaway and delivery services.

The application includes the sale of alcohol for consumption on the premises by customers dining at the restaurant. The primary sale of alcohol on the premises will be ancillary to the provision of table meals and the restaurant's core food offering. However, the application also seeks authorisation for the sale of alcohol for consumption both on and off the premises without the requirement for a meal to be purchased. Any alcohol sold for consumption off the premises will be supplied from within the restaurant premises and managed in accordance with the licensing objectives.

The premises will be managed in a manner that promotes the licensing objectives, including the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm.

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

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**

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place <u>indoors or outdoors or both – please tick</u> (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"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Thur								
Fri						<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)		
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)
Day	Start	Finish	
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><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur								
Fri						<b><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></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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12:00	01:00	<p><b><u>Please give further details here</u></b> (please read guidance note 4)</p> <p>Entertainment will be provided on an occasional basis, including during special events, cultural celebrations, private functions, festive periods, and other occasions relevant to the operation of the restaurant. Music may be either amplified or unamplified and will take place within the restaurant premises. Any entertainment provided will be ancillary to the primary use of the premises as a food led restaurant and dining venue.</p>	Both	<input type="checkbox"/>
Tue	12:00	01:00			
Wed	12:00	01:00		<b><u>State any seasonal variations for the performance of live music</u></b>	
Thur	12:00	01:00			
Fri	12:00	01:00		<b><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></b> (please read guidance note 6)	
Sat	12:00	01:00		We do ask for flexibility to extend the provision of regulated entertainment and associated licensable activities on occasions such as Christmas Eve, New Year's Eve, New Year's Day, Bank Holidays, Eid celebrations, Diwali, wedding receptions, private functions, and other special events where customer demand may justify extended operating hours by 1 hour extra.	
Sun	12:00	01:00			



**F**

Recorded music 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	12:00	01:00	<b><u>Please give further details here</u></b> (please read guidance note 4)  Recorded music will be provided throughout the operating hours of the premises as background music to enhance the dining experience for customers. Music may be played through an amplified sound system within the restaurant and will consist primarily of background music appropriate to a food led restaurant environment. Recorded music may also be provided during private functions, special events, cultural celebrations, festive periods, and other occasions associated with the operation of the business.  The provision of recorded music will remain ancillary to the primary use of the premises as a restaurant and will be managed so as not to undermine the licensing objectives, particularly the prevention of public nuisance.		
Tue	12:00	01:00			
Wed	12:00	01:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur	12:00	01:00			
Fri	12:00	01:00	<b><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></b> (please read guidance note 6)  We do ask for flexibility to extend the provision of regulated entertainment and associated licensable activities on occasions such as Christmas Eve, New Year's Eve, New Year's Day, Bank Holidays, Eid celebrations, Diwali, wedding receptions, private functions, and other special events where customer demand may justify extended operating hours by 1 hour extra.		
Sat	12:00	01:00			
Sun	12:00	01:00			



**G**

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



**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</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>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<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</u></b> (please read guidance note 6)		
Sat					
Sun					



**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>	<p><b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) We do ask for flexibility to extend the provision of licensable activities on occasions such as Christmas Eve, New Year's Eve, New Year's Day, Bank Holidays, Eid celebrations, Diwali, wedding receptions, private functions, and other special events where customer demand may justify extended operating hours.</p> <p><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) We also seek authorisations for all licensed activities to continue beyond the standard licensed hours on New Year's Eve through to the commencement of licensed hours on New Year's Day and on such other special occasions where extended operating hours may reasonably be required, always subject to the promotion of the licensing objectives. <i>By an extension of 1 Hour</i></p>		
Mon	12:00	01:00			
Tue	12:00	01:00			
Wed	12:00	01:00			
Thur	12:00	01:00			
Fri	12:00	01:00			
Sat	12:00	01:00			
Sun	12:00	01:00			

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):

<b>Name</b> Safir Iqbal	
<b>Date of birth</b>	██████████
<b>Address</b> ██████████ ██████████	
<b>Postcode</b>	██████████
<b>Personal licence number (if known)</b> 103508	
<b>Issuing licensing authority (if known)</b> Nottingham City Council	



**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).

N/A

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<p><b>State any seasonal variations</b> (please read guidance note 5) We do ask for flexibility to extend the provision of opening hours on occasions such as Christmas Eve, New Year's Eve, New Year's Day, Bank Holidays, Eid celebrations, Diwali, wedding receptions, private functions, and other special events where customer demand may justify extended operating hours</p>
Day	Start	Finish	
Mon	12:00	01:00	<p><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 6) We also seek authorisations for all licensed activities to continue beyond the standard licensed hours on New Year's Eve through to the commencement of licensed hours on New Year's Day and on such other special occasions where extended operating hours may reasonably be required, always subject to the promotion of the licensing objectives. <i>By an extension of 1 hour extra</i></p>
Tue	12:00	01:00	
Wed	12:00	01:00	
Thur	12:00	01:00	
Fri	12:00	01:00	
Sat	12:00	01:00	
Sun	12:00	01:00	



## 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)**

I am committed to operating the premises in a responsible manner and to always promoting the four licensing objectives. Staff will be appropriately trained and supervised, management will maintain effective control of the premises, and all licensable activities will be conducted with due regard to the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm. The premises will operate primarily as a food led restaurant, and all activities will be managed to ensure a safe and welcoming environment for customers, staff, and the local community.

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

The premises will operate a CCTV system covering key areas of the premises, with recordings retained for a reasonable period and made available to responsible authorities upon request. Staff will receive training in responsible alcohol retailing, including the prevention of underage sales and recognising signs of intoxication. Any incidents of crime, disorder, or anti-social behaviour will be dealt with promptly, and where necessary the police will be contacted. Management will maintain effective supervision of the premises and cooperate fully with responsible authorities.

**c) Public safety**

I will ensure that the premises are always maintained in a safe condition. Fire safety equipment, emergency exits, lighting, and safety procedures will be regularly checked and maintained. Staff will be trained in emergency procedures and health and safety requirements. Capacity levels will be monitored to prevent overcrowding, and clear access and egress routes will be maintained for customers and staff.

**d) The prevention of public nuisance**

I will take all reasonable steps to prevent disturbance to neighbouring properties and the local community. Background and live music will be controlled at an appropriate volume, particularly during late evening hours. Customers will be encouraged to leave the premises quietly and with consideration for residents. Deliveries, collections, and waste disposal activities will be managed responsibly to minimise noise and disturbance.

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

A Challenge 25 policy will be operated at the premises. Any person who appears to be under the age of 25 will be required to produce acceptable photographic identification before being sold alcohol. Accepted forms of identification will include a passport, photocard driving licence, or a PASS-accredited proof of age card. Staff will be trained in age verification procedures and the prevention of underage sales. Children will be permitted on the premises only when appropriately supervised, and all licensable activities will be conducted in a manner that safeguards children from harm.



**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.**

<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</li> </ul>
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	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	17 June 2026
Capacity	Director

**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	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) 2 WYE GARDENS			
Post town	<b>Nottingham</b>	Postcode	<b>NG7 5RX</b>
Telephone number (if any)	07866000309		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) safir.iqbal@hotmail.com			





**Consent of individual to being specified as premises supervisor**

I SAFIR IQBAL  
[insert full name of prospective premises supervisor]

of   
[insert 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  
[insert type of application]

by LASANI INDO PERSIAN LIMITED  
[insert name of applicant]

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

for LASANI INDO PERSIAN  
[name and address of premises to which the application relates]

72 MAID MARIAN WAY, NOTTINGHAM, NG1 6BJ

.....  
.....

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

LASANI INDO PERSIAN LIMITED  
[name of applicant]

concerning the supply of alcohol at

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

72 MAID MARIAN WAY, NOTTINGHAM, NG1 6BJ

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 issuing authority

NOTTINGHAM CITY COUNCIL  
[insert name and address and telephone number of personal licence issuing authority, if any].

103508

Signed



Name (please print)

SAFIR IQBAL

Date

17/6/26

Licenceable  
Area

