

\* required information

## Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

BLACKPOOL-BOND STREET

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

- Yes  No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

### Applicant Details

\* First name

THANUJA

\* Family name

PEETHAMPARAM

\* E-mail

robertjordan01@btinternet.com

Main telephone number

01279 850753

Include country code.

Other telephone number

- Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader  
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

### Address

|                               |   |
|-------------------------------|---|
| * Building number or name     | <input type="text" value="89"/>             |
| * Street                      | <input type="text" value="BOND STREET"/>    |
| District                      | <input type="text"/>                        |
| * City or town                | <input type="text" value="BLACKPOOL"/>      |
| County or administrative area | <input type="text"/>                        |
| * Postcode                    | <input type="text" value="FY4 1EX"/>        |
| * Country                     | <input type="text" value="United Kingdom"/> |

### Agent Details

|                        |  |
|------------------------|--|
| * First name           | <input type="text" value="ROBERT"/>                        |
| * Family name          | <input type="text" value="JORDAN"/>                        |
| * E-mail               | <input type="text" value="robertjordan01@btinternet.com"/> |
| Main telephone number  | <input type="text" value="01279 850753"/>                  |
| Other telephone number | <input type="text"/>                                       |

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader  
 A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

### Agent Business

\* Is your business registered in the UK with Companies House?  Yes  No

|                                 |  |
|---------------------------------|--|
| * Registration number           | <input type="text" value="5449933"/>                             |
| * Business name                 | <input type="text" value="PR RETAIL CONSULTANTS"/>               |
| * VAT number                    | <input type="text" value="-"/> <input type="text" value="NONE"/> |
| * Legal status                  | <input type="text" value="Private Limited Company"/>             |
| * Your position in the business | <input type="text" value="DIRECTOR"/>                            |
| Home country                    | <input type="text" value="United Kingdom"/>                      |

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

The country where the headquarters of your business is located.

Continued from previous page...

**Agent Registered Address**

Address registered with Companies House.

|                               |                   |
|-------------------------------|-------------------|
| * Building number or name     | PUMP HOUSE        |
| * Street                      | OLD MEAD ROAD     |
| District                      | HENHAM            |
| * City or town                | BISHOP'S TORTFORD |
| County or administrative area | HERTS             |
| * Postcode                    | CM22 6JG          |
| * Country                     | United Kingdom    |

**Section 2 of 19**

**PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

**Premises Address**

Are you able to provide a postal address, OS map reference or description of the premises?

- Address     OS map reference     Description

**Postal Address Of Premises**

|                               |                |
|-------------------------------|----------------|
| Building number or name       | 82             |
| Street                        | BOND STREET    |
| District                      |                |
| City or town                  | BLACKPOOL      |
| County or administrative area | LANCASHIRE     |
| Postcode                      | FY4 1BW        |
| Country                       | United Kingdom |

**Further Details**

|   |       |
|---|-------|
| Telephone number                            |       |
| Non-domestic rateable value of premises (£) | 7,200 |

## Section 3 of 19

### APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

### Confirm The Following

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

## Section 4 of 19

### INDIVIDUAL APPLICANT DETAILS

#### Applicant Name

Is the name the same as (or similar to) the details given in section one?

- Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Family name

Is the applicant 18 years of age or older?

- Yes  No

Continued from previous page...

### Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes  No

|                               |   |
|-------------------------------|---|
| Building number or name       | <input type="text" value="89"/>             |
| Street                        | <input type="text" value="BOND STREET"/>    |
| District                      | <input type="text"/>                        |
| City or town                  | <input type="text" value="BLACKPOOL"/>      |
| County or administrative area | <input type="text"/>                        |
| Postcode                      | <input type="text" value="FY4 1EX"/>        |
| Country                       | <input type="text" value="United Kingdom"/> |

### Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes  No

|  |  |
|--|--|
| E-mail   | <input type="text" value="robertjordan01@btinternet.com"/> |
| Telephone number                                     | <input type="text" value="01279 850753"/>                  |
| Other telephone number                               | <input type="text"/>                                       |
| <input type="button" value="Add another applicant"/> |  |

## Section 5 of 19

### OPERATING SCHEDULE

When do you want the premises licence to start?  /  /   
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end  /  /   
dd mm yyyy

Provide a general description of 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.

CONVENIENCE STORE

*Continued from previous page...*

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

**Section 6 of 19**

**PROVISION OF PLAYS**

Will you be providing plays?

- Yes  No

**Section 7 of 19**

**PROVISION OF FILMS**

Will you be providing films?

- Yes  No

**Section 8 of 19**

**PROVISION OF INDOOR SPORTING EVENTS**

Will you be providing indoor sporting events?

- Yes  No

**Section 9 of 19**

**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

Will you be providing boxing or wrestling entertainments?

- Yes  No

**Section 10 of 19**

**PROVISION OF LIVE MUSIC**

Will you be providing live music?

- Yes  No

**Section 11 of 19**

**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

- Yes  No

**Section 12 of 19**

**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

- Yes  No

**Section 13 of 19**

**PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE**

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes  No

Continued from previous page...

**Section 14 of 19**

**LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

- Yes                       No

**Section 15 of 19**

**SUPPLY OF ALCOHOL**

Will you be selling or supplying alcohol?

- Yes                       No

**Standard Days And Timings**

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.  
(e.g., 16:00) and only give details for the days  
of the week when you intend the premises  
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

*Continued from previous page...*

Will the sale of alcohol be for consumption:

- On the premises       Off the premises       Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

**Name**

First name

Family name

**Enter the contact's address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)



Continued from previous page...

**PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT**

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

**Section 16 of 19**

**ADULT ENTERTAINMENT**

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

NONE

**Section 17 of 19**

**HOURS PREMISES ARE OPEN TO THE PUBLIC**

**Standard Days And Timings**

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

|       |                                    |     |                                    |
|-------|------------------------------------|-----|------------------------------------|
| Start | <input type="text" value="09:00"/> | End | <input type="text" value="23:00"/> |
| Start | <input type="text"/>               | End | <input type="text"/>               |

SUNDAY

|       |                                    |     |                                    |
|-------|------------------------------------|-----|------------------------------------|
| Start | <input type="text" value="09:00"/> | End | <input type="text" value="23:00"/> |
| Start | <input type="text"/>               | End | <input type="text"/>               |

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

**Section 18 of 19**

**LICENSING OBJECTIVES**

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

**CONDITIONS TO BE PART OF OPERATING SCHEDULE**

- 1) THE DPS OR PERSONAL LICENCE HOLDER TO BE ON PREMISES AT ALL TIMES ALCOHOL IS OFFERED FOR SALE
- 2) INCIDENT BOOK TO BE KEPT AND MADE AVAILABLE TO THE RESPONSIBLE AUTHORITIES WHEN REQUESTED AT THE PREMISES
- 3) AN ALARM SYSTEM SHALL BE INSTALLED AND MAINTAINED
- 4) SHUTTERS WILL BE USED ON THE FRONT WINDOW WHEN THE PREMISES ARE CLOSED
- 5) THE PREMISES WILL OPERATE A CHALLENGE 25 POLICY . SIGNAGE REMINDING CUSTOMERS OF THIS WILL BE DISPLAYED. THE FOLLOWING PROOFS OF AGE ARE THE ONLY ONES TO BE ACCEPTED:  
(A) PROOF OF AGE CARDS BEARING THE 'PASS' HOLOGRAM SYMBOL.  
(B) UK PHOTO DRIVING LICENCE.  
(C) PASSPORT.  
THE LICENCE HOLDER/DPS SHALL OPERATE A STRICT CHALLENGE 25 POLICY AT THE PREMISES. POSTERS SHALL BE DISPLAYED INSIDE THE VENUE INFORMING CUSTOMERS.  
ALL STAFF TO BE TRAINED IN RELATION TO UNDERAGE SALES AND CHALLENGE 25, AND MADE FULLY AWARE OF THEIR RESPONSIBILITIES IN RELATION TO VERIFYING THE AGES OF CUSTOMERS AND TO BE ABLE TO QUESTION POTENTIAL UNDERAGE CUSTOMERS WHO MAY ATTEMPT TO PURCHASE ALCOHOL AND THE USE OF THE REFUSALS BOOK AND INCIDENT LOG
- 6) THE LICENCE HOLDER SHALL ENSURE THAT A REGISTER OF REFUSED SALES OF ALL AGE RESTRICTED PRODUCTS

*Continued from previous page...*

(REFUSALS LOG) IS KEPT AND MAINTAINED AT THE PREMISES. THE REFUSALS BOOKS TO CONTAIN DETAILS OF TIME AND DATE, DESCRIPTION OF THE ATTEMPTING PURCHASER, DESCRIPTION OF THE AGE RESTRICTED PRODUCTS THEY ATTEMPTED TO PURCHASE, REASONS WHY THE SALE WAS REFUSED AND THE NAME/SIGNATURE OF THE SALES PERSON REFUSING THE SALE.

7) ALL STAFF TO BE TRAINED IN THE USE OF THE REFUSAL BOOKS  
THE REFUSALS BOOK TO BE EXAMINED ON A REGULAR BASIS (WEEKLY) BY THE LICENSEE AND DATE AND TIME OF EACH EXAMINATION TO BE ENDORSED IN THE BOOK. ANALYSIS OF STAFF REFUSALS AND DATA SUCH AS THE TIME/DAY OF REFUSALS TO BE CARRIED OUT BY THE LICENSEE ON A REGULAR BASIS IN ORDER TO PREDICT TRENDS AND IDENTIFY STAFF TRAINING AND COMPLIANCE ISSUES

8) THE LICENCE HOLDER SHALL ENSURE THAT A CCTV SYSTEM IS INSTALLED AT THE PREMISES OF A STANDARD ACCEPTABLE TO POLICE. THE SYSTEM SHALL BE MAINTAINED IN GOOD WORKING ORDER AND FULLY OPERATIONAL COVERING ALL INTERNAL AREAS OF THE PREMISES TO WHICH THE PUBLIC HAVE ACCESS AND ALSO THE AREA IMMEDIATELY OUTSIDE THE PREMISES. ALL ENTRY AND EXIT POINTS SHALL BE COVERED ENABLING FRONTAL IDENTIFICATION (FULL HEAD AND SHOULDERS IMAGES) OF EVERY PERSON ENTERING THE PREMISES IN ANY LIGHT CONDITION TO AN EVIDENTIAL STANDARD. EXTERNAL CAMERAS WILL BE INSTALLED

9) MANAGEMENT AND PERMANENT MEMBERS OF STAFF WILL BE TRAINED IN THE OPERATION OF THE SYSTEM WITH AT LEAST ONE MEMBER STAFF ON DUTY EACH DAY WHO IS ABLE TO DOWNLOAD IMAGES FROM THE CCTV SYSTEM

10) THE CCTV SYSTEM WILL HAVE THE CAPABILITY TO EITHER DOWNLOAD FOOTAGE ONTO DISC OR MEMORY STICK. THE FOOTAGE ON THE CCTV SYSTEM WILL BE RETAINED FOR A MINIMUM PERIOD OF 31 DAYS BEFORE RE-WRITING ITSELF WITH CORRECT DATE AND TIME SHOWING. THE FOOTAGE SHALL BE MADE AVAILABLE TO POLICE OR LOCAL AUTHORITY OFFICERS UPON REQUEST. IMAGES SHOULD BE ABLE TO BE REPLAYED ON A COMPUTER

11) PERSON CONVERSANT WITH DOWNLOADING IMAGES SHOULD BE ON THE PREMISES

12) IF THE CCTV SYSTEM IS BROKEN THE LICENCE HOLDER SHALL NOTIFY THE LICENSING AUTHORITY IMMEDIATELY AND GET THE FAULT RECTIFIED AS SOON AS PRACTICABLE.

13) THE LICENCE HOLDER SHALL ENSURE THAT A LOG IS KEPT WITH DETAILS OF THE DATES OF ALL WORK/REPAIRS CARRIED OUT ON THE CCTV SYSTEM INCLUDING THE NAME AND PHONE NUMBER OF THE ENGINEER.

14) THE CCTV CAMERAS VIEWS ARE NOT TO BE OBSTRUCTED

15) THE CCTV SYSTEM SHALL, EXCEPT FOR MAINTENANCE BY A CONTRACTOR BETWEEN 09.30 HOURS AND 22.00 HOURS BE FULLY OPERATIONAL AND RECORDING TWENTY FOUR HOURS EACH DAY

16) NO BEER, LAGER OR CIDER ABOVE 6.5% WILL BE SOLD AT THE PREMISES

17) NO DELIVERIES OF ALCOHOL BETWEEN 20.00 HOURS AND 09.00 HOURS THE FOLLOWING DAY.

18) BOTTLE MARKING SHALL TAKE PLACE ON ALCOHOL PRODUCTS TO IDENTIFY THE PREMISES.

20) STAFF TRAINING TO OCCUR AT FOUR MONTHLY INTERVALS, TO BE RECORDED AND AVAILABLE TO POLICE OR RESPONSIBLE AUTHORITIES ON REQUEST. THIS TRAINING TO COVER AMONG OTHER LICENSING MATTERS, AGE VERIFICATION, CONSEQUENCES OF UNDER AGE SALES, STREET DRINKERS, PROXY SALES AND DRUNKS, LICENSING HOURS ETC.

21) ALL STAFF TO BE FULLY TRAINED AND SUPERVISED BEFORE BEING ALLOWED TO SELL ALCOHOL WITHOUT SUPERVISION.

22) DETAILS TO BE KEPT OF NAME, DATE OF BIRTH, NATIONAL AND ADDRESS OF STAFF

23) LEAVE QUIETLY SIGN TO BE DISPLAYED.

24) NOTICE TO BE DISPLAYED ASKING PATRONS NOT TO LITTER AFTER LEAVING THE PREMISES.

25) NO SPIRITS TO BE SOLD IN BOTTLES LESS THAN 35CL

26) DAILY LITTER PATROLS

27)

A TRAINING LOG IS TO BE KEPT FOR ALL STAFF MEMBERS, IN WHICH STAFF SIGN THAT THEY HAVE RECEIVED THE RELEVANT TRAINING ESPECIALLY IN REGARDS TO THE LICENSING OBJECTIVES AND LICENSING ACT 2003.

28) CHALLENGE 25 SIGNAGE, PROXY SALE SIGNAGE, NO SINGLE CAN SIGNAGE AND STREET DRINKER SIGNAGE WILL BE DISPLAYED AT THE ENTRANCE TO THE PREMISES, AT THE DISPLAY SECTION OF ALCOHOL AND AT THE POINT OF SALE.

b) The prevention of crime and disorder

AS ABOVE IN A)

Continued from previous page...

c) Public safety

AS ABOVE IN A)

d) The prevention of public nuisance

AS ABOVE IN A)  
LITTER PATROL

e) The protection of children from harm

AS ABOVE IN A)

## Section 19 of 19

### PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at [http://www.voa.gov.uk/business\\_rates/index.htm](http://www.voa.gov.uk/business_rates/index.htm)

|                            |          |
|----------------------------|----------|
| Band A - No RV to £4300    | £100.00  |
| Band B - £4301 to £33000   | £190.00  |
| Band C - £33001 to £87000  | £315.00  |
| Band D - £87001 to £125000 | £450.00* |
| Band E - £125001 and over  | £635.00* |

\*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then you are required to pay a higher fee

|                           |           |
|---------------------------|-----------|
| Band D - £87001 to £12500 | £900.00   |
| Band E - £125001 and over | £1,905.00 |

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

|                    |           |
|--------------------|-----------|
| Capacity 5000-9999 | £1,000.00 |
|--------------------|-----------|

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|                         |            |
|-------------------------|------------|
| Capacity 10000 -14999   | £2,000.00  |
| Capacity 15000-19999    | £4,000.00  |
| Capacity 20000-29999    | £8,000.00  |
| Capacity 30000-39000    | £16,000.00 |
| Capacity 40000-49999    | £24,000.00 |
| Capacity 50000-59999    | £32,000.00 |
| Capacity 60000-69999    | £40,000.00 |
| Capacity 70000-79999    | £48,000.00 |
| Capacity 80000-89999    | £56,000.00 |
| Capacity 90000 and over | £64,000.00 |

\* Fee amount (£)

## DECLARATION

\* I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

I understand that the information I have provided, will be held by the Council on both computerised and manual files.

\* This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

\* Date  /  /   
dd mm yyyy

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/blackpool/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**OFFICE USE ONLY**

|                            |  |
|----------------------------|--|
| Applicant reference number | <input type="text" value="BLACKPOOL-BOND STREET"/> |
| Fee paid                   | <input type="text"/>                               |
| Payment provider reference | <input type="text"/>                               |
| ELMS Payment Reference     | <input type="text"/>                               |
| Payment status             | <input type="text"/>                               |
| Payment authorisation code | <input type="text"/>                               |
| Payment authorisation date | <input type="text"/>                               |
| Date and time submitted    | <input type="text"/>                               |
| Approval deadline          | <input type="text"/>                               |
| Error message              | <input type="text"/>                               |
| Is Digitally signed        | <input type="checkbox"/>                           |