

APPENDIX A

* required information

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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

219

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

Kavitha

* Family name

Sivothyayan

* E-mail

contact@arkalicensing.co.uk

Main telephone number

0203 405 1886

Include country code.

Other telephone number

07803903897

☐ 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.

Applicant Business

* Is the applicant's business registered in the UK with Companies House?

☐ Yes

☒ No

* Is the applicant's business registered outside the UK?

☐ Yes

☒ No

* Business name

Kwik E Mart

If the applicant's business is registered, use its registered name.

* VAT number

-

None

Put "none" if the applicant is not registered for VAT.

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* Legal status

* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Applicant Business Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

If the applicant has one, this should be the applicant's official address - that is an address required of the applicant by law for receiving communications.

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

☐ 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

* Business name

If your business is registered, use its registered name.

* VAT number

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

* Legal status

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* Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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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

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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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

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

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

- ☒ Yes ☐ No

First name

Kavitha

Family name

Sivothyayan

Is the applicant 18 years of age or older?

- ☐ 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.

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Applicant Postal Address

Is the address the same as (or similar to) the address 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.

Building number or name	<input type="text" value="64"/>
Street	<input type="text" value="Lower Stone St"/>
District	<input type="text"/>
City or town	<input type="text" value="Maidstone"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="ME15 6NA"/>
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?

☒ 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.

E-mail	<input type="text" value="contact@arkalicensing.co.uk"/>
Telephone number	<input type="text" value="0203 405 1886"/>
Other telephone number	<input type="text" value="07803903897"/>

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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 SELLING FOOD ITEMS, GROCERY, BEVERAGES & ALCOHOL. SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES ONLY.

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

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PROVISION OF PLAYS

Will you be providing plays?

☐ Yes

☒ No

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PROVISION OF FILMS

Will you be providing films?

☐ Yes

☒ No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

☐ Yes

☒ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

☐ Yes

☒ No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

☐ Yes

☒ No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

☐ Yes

☒ No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

☐ Yes

☒ No

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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

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☐ Yes

☒ No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes

☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

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

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.

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.

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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)

OFFICE USE ONLY

Applicant reference number	<input type="text" value="219"/>
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"/>

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d) The prevention of public nuisance

IN ADDITION TO HAVING POLICY OF NO SALE TO DRUNKEN PEOPLE, WE WILL WORK CLOSELY WITH LOCAL COMMUNITY, POLICE TO IDENTIFY ANY ONE CAUSING ANTI SOCIAL BEHAVIOR TO BE BARRED FROM THE SHOP.

e) The protection of children from harm

THE COMPANY WILL OPERATE CHALLENGE 25 POLICY. FULL TRAINING FOR STAFF WITH REFUSALS BOOK AND REFRESHER TRAINING ON REGULAR BASIS STORE SHALL OPERATE FULLY RECORDABLE CCTV SYSTEM. ENSURE PROMOTIONAL DISPLAYS ARE ONE SIDE AND CLOSE TO THE COUNTER.

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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

Suresh Kanapathi

* Capacity

Agent

* Date

03 / 11 / 2015
dd mm yyyy

Add another signatory

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/sevenoaks/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

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

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.

--

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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.

CONVENIENCE STORE SELLING FOOD ITEMS, GROCERY, BEVERAGES & ALCOHOL. SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES ONLY.

b) The prevention of crime and disorder

FULLY RECORDED CCTV SYSTEM WOULD BE INSTALLED. ALL STAFF BE TRAINED TO AVOID ANY CONFLICT WITH ANY ONE. INCIDENT RECORD BOOK WILL BE MAINTAINED. THE WILL JOIN CRIME PREVENTION UNIT.

c) Public safety

PREMISES WILL OPERATE WITH CURRENT LEGAL REQUIREMENT FOR FIRE SAFETY, HEALTH AND SAFETY INCLUDING PERIODIC RISK ASSESSMENT. THE PREMISES WILL ONLY PURCHASE ALCOHOL FROM REGISTERED WHOLESALERS.

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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'.

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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.

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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