

\* required information

### Section 1 of 3

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

Sivohayan

E-mail address

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 address

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

**Continued from previous page...**

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

**Section 2 of 3**

**CONSENT**

**Name Of Proposed Premises Supervisor**

First name

Family name

**Address Of Proposed Premises Supervisor**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the following application, and any premises licence to be granted or varied in respect of this application concerning the supply of alcohol at the premises

Type of application

For instance 'Application for a premises licence' or 'Variation of a premises licence'

Is the application or variation that this consent is being submitted in connection with being supplied electronically to the authority

- Yes       No       Don't know

Continued from previous page...

Reference number of  
electronic application (if  
known)

If the application or variation form is already  
submitted, ask its applicant for the form's  
'system reference' or 'your reference'.

**Premises Licence Holder**

Name

**Address Of Premises**

Building number or name

Street

District

City or town

County or administrative area

Postcode

**Premises**

Premise licence number

Name of premises

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 number

Personal licence issuing  
authority name

**Address Of Personal Licence Issuing Authority**

Building number or name

Street

District

City or town

County or administrative area

Postcode

**Contact Details Of Personal Licence Issuing Authority**

Telephone number

**Section 3 of 3**

**DECLARATION**

**Continued from previous page...**

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/sevenoaks/change-7> to upload this file and continue with your application.

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

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**OFFICE USE ONLY**

Applicant reference number

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status

Payment authorisation code

Payment authorisation date

Date and time submitted

Approval deadline

Error message

Is Digitally signed