Reference number - 1337882

Name: Mr NIVETHAN SIVATHARAN

Address: 6 Temple Hill Square
Dartford
DA1 5HZ

Correspondence address: 6 Temple Hill Square Dartford
DA1 5HZ

Email address: NIRUSAN2@OUTLOOK.COM

Contact number:

Premises Details

Applicants Name: NIVETHAN SIVATHARAN

Premises licence number: 6944

Does the premises have a postal address: Yes

Premises address: 73 Manor Way
Deeping St James
PETERBOROUGH
PE6 8PX

Telephone number: 07435220114

Description of premises: convenience store

Current Premise Licence Holder

First name: Veluppillai

Last name: Alvappillai

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities: Yes

I am making the application pursuant to a statutory function: No

I am making the application pursuant to a function discharged by virtue of his Majesty's prerogative: No

Name of Designated Premise Supervisor (DPS): NIRUSAN SIVATHARAN

Applicant Details

In what capacity are you applying for the premises licence to be transferred to you?

An individual or individuals: Yes

First name: NIVETHAN

Last name: SIVATHARAN

Nationality: GERMAN

Date of Birth: 14/Oct/2000

Applicant address: 6 Temple Hill Square
Dartford
DA1 5HZ

Daytime contact number: 07305 856967

Email address:

Share code: WF5 2X5 7GN

A person other than an individual: No

First name:

Last name:

Nationality:

Date of Birth:

Applicant address:

Daytime contact number:

Email address:

Share code:

What your application is as:

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

A recognised club: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

A charity: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

The proprietor of an educational establishment: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

A health service body: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

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: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

The chief officer of police of a police force in England and Wales: No

Name of organisation:

Registered number (where applicable):

Description of applicant:

Address:

Daytime contact number:

Email address:

Licensee Details

Are you the holder of the premises licence under an interim authority notice? No

Do you wish the transfer to have immediate effect? Yes

When would you like to transfer to take effect? 23/Feb/2026

Consent form signed by the existing premises licence holder: 1

I have uploaded the consent form signed by the existing premises licence holder? Yes

Please give the reasons why not. What steps have you taken to try and obtain the consent:

Declaration

Customer agrees to the all condition(s) laid out in the agreement: Yes

Do you agree to forward the (original) existing premises licence? Yes

Why is this not possible:

I declare that to the best of my knowledge the answers given in this application are true. I understand that the authority will check the information and that providing false information is a criminal offence.

I agree with the above statement: Yes

Postal address for correspondence associated with this application: Unit B003 Trident Business Centre
89 Bickersteth Road
London
SW17 9SH

Correspondence telephone number: 07803903897

Correspondence email address: contact@arkalicensing.co.uk

Full name of person submitting application: NIRA SURESH

Applicant's position in the business: LICENSING AGENT