

PARTRIDGES FOOD MARKET/APPLICATION FORM

STALLHOLDER'S DETAILS

NAME			
ADDRESS			
POST CODE			
PHONE NUMBER		MOBILE NUMBER	
COMPANY NAME			
COMPANY ADDRESS (if different)			
POST CODE			
EMAIL			
PRODUCTS THAT YOU WILL BE SELLING AT THE MARKET			
NAME OF THE LOCAL AUTHORITY YOUR FOOD BUSINESS IS REGISTERED WITH?			
DO YOU HAVE INSURANCE? IF YES, GIVE DETAILS			
DO YOU HAVE A FOOD HYGIENE CERTIFICATE? IF NOT, WOULD YOU LIKE DETAILS OF HOW TO GET ONE?			
DO YOU HAVE YOUR OWN GAZEBO?			
PLEASE PROVIDE A PASSPORT SIZE PHOTO OF YOURSELF			
SIGNED		DATE	DD/MM/YY

Thank you for your interest in the Partridges Food Market. Please complete this application form and return to the address below.

Be sure that the application form is complete including **a copy of your Insurance and food hygiene certificate.**

Please note there may be a waiting list for some types of food as the Market is over subscribed at present. If this is the case we will keep your application form on the waiting list.

Please return your application by fax, post or email to:

Food Market, Partridges of Sloane Square
2-5 Duke of York Square, London SW3 4LY
Fax: 020 7730 8473 E-mail: foodmarket@partridges.co.uk
www.partridges.co.uk

Partridges Food Market
020 7824 9852