**PARTRIDGES FOOD MARKET APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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? |  | | | | |
| 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 trading at the Partridges Food Market. Please complete this application form and preferably return via email to: [enquires@partridges.co.uk](mailto:enquires@partridges.co.uk) or foodmarket@partridges.co.uk  
Please ensure the application form is complete including **a copy of your Insurance and Food Hygiene Certificate.**Please note the Market is oversubscribed at present.

**Please return your application by email, fax or post:**   
Food Market, Partridges of Sloane Square  
2-5 Duke of York Square, London SW3 4LY  
Fax: 020 7730 8473 E-mail: [enquiries@partridges.co.uk](mailto:enquiries@partridges.co.uk) foodmarket@partridges.co.uk  
www.partridges.co.uk

**Partridges Food Market  
020 7824 9852**