**PARTRIDGES FOOD MARKET APPLICATION FORM**

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| --- | --- |
| 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 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 foodmarket@partridges.co.uk
www.partridges.co.uk

**Partridges Food Market
020 7824 9852**