



HILLINGDON
LONDON

Application for a Market Operators Licence Pursuant to the Food Act 1984 (as amended)

Important Notes:

1. You are advised to read the Council's Street Trading & Markets Licensing Policy prior to making an application.
2. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
3. You may wish to keep a copy of the completed form for your records
4. Incomplete applications will not be processed and returned to the applicant

Section 1. – Applicant details

1.A Applicants details;

Please tick whether you are applying as an individual or company/partnership/organisation etc;

- ☐ Individual Applicant
☒ Company/Partnership
☐ Charity/Community Group

Name of applicant SAVOIR - FAYRE LTD (PHILIPPE BASSET)

Registered Address 78 DENE ROAD

Post Code HA6 2DF

Contact number 0845 349 0120 email P.B.C.SAVOIR-FAYRE.CO

National Insurance Number;

1.B Please give details of previous markets held and their locations;

UXBRIDGE HIGH STREET

EASTCOTE HIGH STREET

Section 2. – Proposed Market details

2.A Please tick the type of licence you are applying for;

- ☒ Street Market (commercial organisation)
☐ Charity/Community Market

2.B Address/location of the proposed market;

HIGH STREET UXBRIDGE

Please provide a map of the area showing the location of stalls

2.C Please describe the type of market that you are proposing (e.g. Farmers, Craft, Continental etc);

CONTINENTAL CHRISTMAS MARKET

2.D Please give examples of the commodities/goods that will be available at the proposed Market;

CRAFT, SPECIALITY FOOD, ACCESSORY,
TAKE AWAY SPECIALITY FOOD.

2.E Number of market stalls/traders proposed;

30-35

2.F Date/s of Market; 17-18-19-20 NOVEMBER

2.G Times of trade; 9.00 - 19.30 (WEEKDAY)
10.00 - 17.30 (SUNDAY)

2.H Please give the name of the nominated responsible person who will be in overall control of the Market and responsible for complying with the Market Licence conditions;

JAMES BRADDLEY KIDD

2.I Mobile number of nominated responsible person;

0845 649 0120 (OPTION 3)

Section 3. Checklist & Declaration

3.A Checklist

Please tick;

- ☒ I have enclosed a plan/map of the proposed licensed area
- ☒ I will complete Appendix 1 and send it to the Licensing Authority no later than 2 weeks prior to the proposed Market.
- ☒ I have enclosed a copy of my Photo ID (*Passport, Driving Licence etc*)
- ☒ I have enclosed proof of registered address
- ☒ I have enclosed the licence fee (*Please refer to fee schedule*)
- ☒ I have enclosed evidence of public liability insurance to £2million
- ☒ I have enclosed passport size photos
- ☒ I understand my application will be subject to a 21 day consultation period and may be subject to objections resulting in a public licensing hearing
- ☒ I understand that if I do not comply with the above requirements, my application will be rejected
- ☒ I understand that, if granted, I will have to comply with the licence conditions applicable to Market Licences.

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING £20,000, FOR ANY PERSON TO MAKE A FALSE STATEMENT WHICH HE KNOWS TO BE FALSE IN ANY MATERIAL RESPECT, OR WHICH HE DOES NOT BELIEVE TO BE TRUE IN CONNECTION WITH AN APPLICATION FOR A MARKET LICENCE.

Applicant

I PHILIPPE BASSET (*print name*) declare that the information given in this application is true and complete in every respect.

Signature:  Date; 20/09/11

Address for correspondence;

78 DENE ROAD

NORTHWOOD

HA6 2DF

Please send your application and its enclosures to;

The Licensing Service
London Borough of Hillingdon
Civic Centre
High Street
Uxbridge
UB8 1UW



Redhill Office:
Somerset House
47-49 London Road
Redhill
RH1 1LU

Tel: +44 (0)1737 783740
Fax: +44 (0)1737 783709

www.mavenunderwriters.com

London Office:
8 Devonshire Square
London
EC2M 4PL

Tel: +44 (0)20 7086 4074
Fax: +44 (0)20 7086 4091

Statement Of Fact

The following information is the basis on which cover is accepted.

Broker Details

Company Name:	LFE Insurance Services
Contact Name:	Adrian Paintin
Email:	adrianp@lfe-insurance.co.uk

Insured Details and Risk Information

Insured Name:	Savoir Fayre Ltd		
Inception Date:	01/03/2011	Term:	Annual
Expiration Date:	29/02/2012	Product:	HIP
Quote Number:	HIP-146	Quote Status:	On Cover
Your Reference:		Quoted Date:	28/02/2011
Long Term Agreement:	No	Premium Basis:	Gross
Insured has been in business for 12 months or more:	Yes	Exposure outside of England, Scotland, Wales or Northern Ireland:	No
Type of Cover:	Mobile	Terrorism Cover Required:	No
Estimated Annual Hiring Charges:	5,000	Excess at Premises:	250
Limit:	500,000	Excess Theft & Malicious Damage:	1,000
Premium:	340.00	Excess All Other Claims:	500
Tax:	20.40		
Total Premium including Tax:	360.40		

Insured categories/activities

The Insured falls into one of the following categories/activities

Demolition.	No
Scrap metal collection, handling, treatment or processing.	No
Recycling.	No
Utilities contracting - i.e. electricity, water, gas, sewer, telecommunications or cable installation, maintenance or repair.	No
Road building, repair, maintenance or resurfacing.	No
Timber, forestry or farming.	No
Quarrying.	No
Scaffolding.	No
Work in or adjacent to docks, rivers, lakes, inland waterways or coastal tidal areas.	No
Excavation or site preparation work where this is the main activity and not part of other operations.	No

Loss History

	Premium	Loss Amount
Current Insurance Year	0	0
Previous Insurance Year	0	0
Previous Insurance Year	0	0

Policy Schedule

These are your *Policy* details. You will need to quote your *Policy* Number when speaking to your broker, advisor or when contacting us.

Policy Number: 21030095

Insured: Savoir Fayre Ltd

Insured's Address: 78 Dene Road, , NORTHWOOD, HA6 2DF

Insured's Business: Market Operator

Period of Insurance: From 06/07/2011 to 05/07/2012
(Both Days Inclusive)

Sections for which the Insured is covered by this Policy: Section 1 : Employers Liability
Section 2 – Public & Products Liability

<i>Premium:</i>	Premium:	£2,000.00
	IPT:	£120.00
	Total:	£2,120.00

Limits Schedule

This sets out the amount for which the *Insurer* will cover the *Insured* under each *Section* of this *Policy* during the *Period of Insurance*.

Section 1: Employers' Liability:

Limits of Indemnity other than <i>Legal Costs</i> and Legal Expenses	(a) Not covered for any one claim or number of claims arising out of one event from <i>Offshore Activity</i>
	(b) GBP 10,000,000 any one claim or number of claims arising out of one event other than arising from <i>Offshore Activity</i>
<i>Legal Costs</i>	are payable in addition to the <i>Limit of Indemnity</i> above; and are unlimited, save for
Legal Expenses (Extension 6)	<i>Legal Costs</i> and legal expenses payable under Extension 6 are limited to GBP5,000,000 in the aggregate for any one <i>Period of Insurance</i>

Section 2: Public & Products Liability:

Limit of Indemnity	GBP 5,000,000 any one <i>Occurrence</i> or all <i>Occurrences</i> of a series consequent upon or attributable to one source or original cause but in respect of liability arising from <i>Products</i> in the aggregate any one <i>Period of Insurance</i>
<i>Legal Costs</i> and Legal Expenses	are payable in addition to the <i>Limit of Indemnity</i> and are unlimited, but (a) in respect of <i>Legal Costs</i> and legal expenses arising in respect of the Corporate Manslaughter and Corporate Homicide Act 2007 only such. <i>Legal Costs</i> and legal expenses will be limited to GBP5,000,000 for any one <i>Period of Insurance</i> and (b) are inclusive in the <i>Limit of Indemnity</i> in respect of USA its territories and possessions and Canada
Deductibles	As per Endorsement 1