

**SOUTH DRIVE-IN FLEA MARKET  
ID APPLICATION  
(PLEASE PRINT)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Vendors License #: \_\_\_\_\_

Items you will be selling (**BE SPECIFIC**): \_\_\_\_\_

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**Please return form to the Flea Market manager or you may mail it to:**

**South Drive-In Flea Market  
3050 S. High St.  
Columbus, Ohio 43207**

**Your ID card will be mailed to you in 7 business days.**

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**FOR OFFICE USE ONLY**

ID CARD #: \_\_\_\_\_