

# RAINBOW FLEA MARKETS ID APPLICATION

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

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

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

Vendors License # \_\_\_\_\_

Items you will be selling (Be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return form to the flea market manager or you may mail it to:**

**Rainbow Flea Markets  
865 King Ave.  
Columbus, OH 43212.**

Your ID will be mailed to you in 7 days.

\_\_\_\_\_

**FOR OFFICE USE ONLY**

ID# \_\_\_\_\_