

# ***Raleigh Flea Market Vendor Application***

Fax-919-899-3591

Phone-919-899-3532

Date: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Merchandise: \_\_\_\_\_

Do You Desire a Booth Indoors? \_\_\_\_\_

North Carolina Department of Revenue Tax ID# \_\_\_\_\_

Office Use Only: \_\_\_\_\_

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