CITY OF TOPEKA

CITY CLERK
City Hall, 215 SE 7th St., Room 166
Topeka, KS 66603-3914
(785) 368-3940

Brenda Younger, C.M.C.
E-mail: byounger@topeka.org
Fax: (785) 368-3943
www.topeka.org

OPEN AFTER MIDNIGHT PERMIT APPLICATION

BUSINESS INFORMATION

Name:_____

Mailing Address: _____ Zip:_____
Street City, State

Business Address: _____Zip:_____

Telephone Number: _____

State Sales Tax Number: _____

BUSINESS OWNER OR AGENT-Please Print
*MUST PROVIDE INDIVIDUAL INFORMATION

*Name:_____

Address:_____

City, State:_____Zip:_____

*DOB:_____Telephone Number:_____

*Driver License Number:_____*State Issued:_____

Business must be zoned properly.
License Fee: $40.00 5-1 to 4-30 Sec. 5.10.220
Sec. 5.05.080 License is not transferable.
SEC. 5.20.010 to 5.20.080

CONTINUED ON BACK

_____ _____

Name of Business Date

_____

Owner or Manager's Name

_____

Business Address

Reason or type of business:_____

_____

_____

Applicant Signature

_____

Resident Address

_____

Business Phone

Recommendation by Police Chief: _____

Approved/Date

_____

Denied/Date

NOTICE: Sec. 5.10.220 and 5.20.010 to 5.20.080, City of Topeka Code provides that a $40.00 fee must accompany this application. In the event this application is **DENIED**, the fee will not be returned. License shall expire April 30th of each year, no proration.

(**Office Use Only**)

License Fee:$_____ Cash (_) Charge (_) Check (_) Check No._____

Date Paid:____________ License No. OAMP_____