



CITY OF TOPEKA

CITY CLERK
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PAINTBALL GUNS APPLICATION

BUSINESS OWNER INFORMATION

Name: _____

Address: _____ Zip: _____

Telephone Number: _____

Social Security Number: _____

Driver's License Number: _____

BUSINESS INFORMATION

Name: _____

Mailing Address: _____ Zip: _____

Business Address: _____ Zip: _____

Telephone Number: _____

State Sales Tax Number: _____

Zoning: _____

Legal ID Number and Description: _____

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- Certificate of Liability (Minimum single occurrence coverage of five hundred thousand dollars (\$500,000). The policy shall name the City of Topeka as an additional insured and run the length of the license period.
 - Zoning Verification
 - Written authorization from owner of property.
 - Description of safeguards that are intended and designed to minimize the exposure to members of the public or adjoining properties from the activity.
 - Site Plan.
 - Copies of schedules demonstrating adequate supervision of the activity by qualified persons over the age of eighteen (18).

- Provide copies of manuals and training materials demonstrating adequate training of employees.
- Provide copies of all rules and regulations of the proposed paintball business which are intended to provide safety to the customers, spectators and employees. The safety rules, regulations and safeguards shall comply with all administrative rules established by the chief of police regulating the discharge of paintball guns.

Sec. 9.10.020 Sec 9.40.010 Sec. 11.05.040 Sec. 5.105.010 to 5.105.060

License Fee: \$100.00 year to date Sec. 5.105.040

Sec. 5.05.080 License not transferable

I, _____, the above name applicant do solemnly swear I am familiar with Ordinance No. 18291 regulating paintball guns in the City of Topeka and that all information contained in the above application is complete and true.

Applicant Signature

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20__.

My Commission expires: _____
Notary Public

(Office Use Only)

License Fee:\$_____ Cash () Check () (Check No._____)

Date Paid:_________ License No.: PEND
PABA

Sent to Police Department:_____
320 Kansas Ave Identification Section Open 8:00 AM to 4:00 PM 785-368-9456

Recommendation by Police Chief: _____
Approved Denied

Sent to Planning:_____ 620 SE Madison (3rd Floor)

Recommendation by Planning: _____
Approved Denied