



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

PRIVATE CLUB/PUBLIC DRINKING ESTABLISHMENT APPLICATION

BUSINESS OWNER INFORMATION

Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone Number: _____

Social Security Number: _____

Drivers License Number: _____

BUSINESS

Name: _____

Mailing Address: _____ Zip: _____

Business Address: _____ Zip: _____

Telephone Number: _____

State Sales Tax Number: _____

State Liquor License Number: _____

Sec. 5.10.020

License Fee: \$500.00 same two year period as State Liquor License.

Business location must be zoned properly.

Sec. 5.05.080 License not transferable.

All applications must include a copy of new State License.

(Office Use Only)

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

Date Paid: ____________ License No.: PVCL _____



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APPLICATION FOR PRIVATE CLUB/DRINKING ESTABLISHMENT LICENSE

1. Name of Club: _____
2. Location of Club: _____
3. Mailing Address (if different from above): _____

4. Is the Club operated by: Individual _____ Partnership _____ Corporation _____
5. Name(s) of the Proposed Licensee: _____
6. Home Address: _____
7. Date of Birth: _____
8. How long have you been a resident of: State of Kansas _____
Shawnee County _____ City of Topeka _____
9. Have you ever been convicted or pleaded guilty to a felony? _____
To any crime involving moral turpitude? _____
10. Name and address of the owner of the premises where Club is located:

11. If premises is leased, give expiration date of the lease: _____
12. State License Number _____ Date Issued: _____

I, _____, the above named applicant do solemnly swear I am familiar with Ordinance No. 19676 (Section 9.15 Topeka Municipal Code) regulating Private Club/Public Drinking Establishments in the City of Topeka and that all information contained in the above application is complete and true.

Applicant Signature

Page 2: Private Club/Public Drinking Establishment Application

I, as the applicant for the City of Topeka Private Club/Public Drinking Establishment license do hereby give consent, as evidenced by my signature below, to have the licensed premises inspected by appropriate City Inspection Staff during business hours and in accordance with Topeka Municipal Code provisions.

Applicant Signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____.

My commission expires on _____.

Notary Public Signature

License No.: PVCL _____ Date Issued: _____