



CITY OF TOPEKA

CITY CLERK
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PROFESSIONAL BOXING AND WRESTLING APPLICATION

Name of Organization: _____

Name of Contact Person: _____

Address of Organization: _____ Zip: _____

Organization's Telephone Number: _____

Contact Person's Telephone Number: _____

Social Security No.: _____

Driver's License No.: _____

State Sales Tax Number: _____

Location and address of Match: _____ Zip: _____

Telephone Number for Location of Match: _____

Name of Physician or EMT: _____
(Attach copy of certificate)

Names of Contestants: _____

Manager: _____

Adviser or Matchmaker: _____

Promoter or Officer: _____

PLEASE READ CAREFULLY AND SIGN:

All information contained on this application is true and complete to the best of my knowledge. I understand that failure to conform to and comply with the Standards relating to the conduct of professional boxing and wrestling matches established in K.S.A. 12-5108 through 12-5126

inclusive, and/or violation of any of the terms or conditions of Ordinance No. 16642 adopted by the City of Topeka Governing Body on October 5, 1993, shall be grounds for immediate suspension of such license by any law enforcement officer, and any boxing or wrestling match then in progress shall immediately be terminated.

Applicant Signature

Date

SEC. 5.130.020 thru 5.130.060 City Code
License Fee: \$140.00 SEC. 5.10.290

(Office Use Only)

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

Date Paid: ____________

Date sent to Fire Department: _____

Signature of Fire Department: _____

License No.: PEND _____ PBPW _____