



CITY OF TOPEKA

CITY CLERK
City Hall, 215 SE 7th St., Room 166
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SIGN HANGERS APPLICATION

BUSINESS OWNER/AGENT INFORMATION

(Individual Information)

Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone Number: _____

BUSINESS INFORMATION

Name: _____

Business Address: _____

City, State: _____ Zip: _____

Mailing Address: _____ Zip: _____
(If Different)

Telephone Number: _____

State Sales Tax Number: _____

(Exempt per Kansas Sales Tax Department)

License Fee: \$50.00 Sec. 5.10.250

Sec. 5.150.010 Sign Erectors

**Sec 5.150.040 *Certificate of Insurance (dated length of license period)-*RENEWED
CERTIFICATE MUST BE INCLUDED TO PROCESS-(or your application will be returned)**

(Office Use Only)

License Fee: \$ _____ Cash ___ Charge ___ Check ___ Check No. _____

Date Paid: _____ License No.: SNHG _____