



CITY OF TOPEKA

CITY CLERK
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TOBACCO/NOVELTY RETAIL LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____

Address of Licensed Premises: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
(If Different)

City: _____ State: _____ Zip: _____

Telephone Number: _____

State Sales Tax Number: _____

APPLICANT INFORMATION -Please Print

***MUST BE INDIVIDUAL INFORMATION**

Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Length of time at address: Years: _____ Months: _____

DOB: _____ Location of Birth (City, State OR Country): _____

Driver's License #: _____ State Issued: _____

CONTINUED ON BACK

PROPERTY OWNER INFORMATION (If different from applicant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I _____, the above named Applicant do solemnly swear I am a citizen of the United States and not less than twenty-one (21) years of age, and have not within the last five (5) years immediately proceeding the date of application been convicted or given diversion for a felony or a misdemeanor involving the sale, distribution or use of tobacco, tobacco products, tobacco paraphernalia or any controlled substance.

Applicant Signature

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

My commission expires: _____

Notary Public

Business must be zoned properly.
Sec. 5.160.010 to 5.160.040 City Code
License Fee: \$500.00 year to date Sec. 5.160.020
License not transferable Sec. 5.05.080

(Office Use Only)

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

Date Paid: ____________ Sent to Police Department: _____

Recommendation by Chief of Police: _____

Approved/Date

Denied/Date

License No. TONO From: _____ To: _____