



CITY OF TOPEKA

CITY CLERK
City Hall, 215 SE 7th St., Room 166
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WHOLESALE BEER DISTRIBUTOR APPLICATION

BUSINESS OWNER INFORMATION

Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone Number: _____

Social Security Number: _____

Drivers License Number: _____

BUSINESS INFORMATION

Name: _____

Mailing Address: _____ Zip: _____

Business Address: _____ Zip: _____

Telephone Number: _____

State License Number: _____

Business location must be zoned properly.

License Fee: \$1400.00 biennially Sec. 5.10.020

Sec. 5.05.080 License not transferable

Sec.9.15.010 to 9.15.350 Alcoholic Beverage

(Office Use Only)

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

Date Paid: _________ License No.: WBDS_____