CITY OF TOPEKA

CITY CLERK
City Hall, 215 SE 7th St., Room 166
Topeka, KS 66603-3914
(785) 368-3940

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AMBULANCE VEHICLE 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:_____

Vehicle ID Numbers:_____
(Attach a list if necessary)

Sec. 5.25.010 to 5.25.180 and 10.30.010 to 10.30.040

MUST HAVE AMBULANCE BUSINESS LICENSE

License Fee: $14.00 each vehicle 1-1 to 12-31 Sec. 5.10.040; must have ID Number on each vehicle Section 5.25.140 Certificate of Insurance

(Office Use Only)

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

Date Paid:____________ License No.: AVEH_____