



CITY OF TOPEKA

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

Brenda Younger, C.M.C.
E-mail: byounger@topeka.org
Fax: (785) 368-3943
www.topeka.org

FIREWORKS STAND APPLICATION

APPLICANT INFORMATION

Name: _____

Residence Address: _____ Zip: _____

Telephone Number: _____

Social Security Number: _____

Drivers License Number: _____

BUSINESS INFORMATION (FIREWORKS STAND)

Name: _____

Location or Address: _____ Zip: _____

Property Legal ID Number: _____ Zoning: _____

State Sales Tax Number: _____

LICENSE FEE: \$280.00 June 27 through July 5

Sec. 8.35.070 Fireworks

If ownership is different from applicant, please attach written consent from owner of premises.

When the permit is sought in a temporary structure or facility, please attach a legal description of the premises, a description of the structure or facility to be used and the location of such structure or facility upon the premises.

Verify zoning with the Planning Department at 785-368-3728.

(Application Deadline: May 31) Sec. 8.35.070 (C)(2)(iii)

(Office Use Only)

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

Date Paid: ____________ License No.: PEND
FRWK

Fire Inspector: _____ Date: _____

Planning: _____ Date: _____