

CITY OF TOPEKA

APPLICATION

AMBULANCE VEHICLE

BUSINESS OWNER'S

Name: _____

Address: _____ 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. 62-26 to 69

MUST HAVE AMBULANCE BUSINESS LICENSE

Fill out: City of Topeka Application Ambulance Vehicle

License Fee: \$14.00 each vehicle 1-1 to 12-31 Sec. 30-54
ID number on each vehicle

Sec. 62-57 Certificate of Insurance (Has to be original.)

OFFICE USE

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

Date Paid: ____ \ ____ \ ____ License No.: AVEH _____