

CITY OF TOPEKA

APPLICATION

AMUSEMENT PARK

BUSINESS OWNER'S

Name: _____

Address: _____ Zip: _____

Telephone Number: _____

Social Security Number: _____

Drivers License Number: _____

BUSINESS

Name: _____

Mailing Address: _____ Zip: _____

Business Address: _____ Zip: _____

Telephone Number: _____

Amusement Park's Address or Location: _____

_____ Zip: _____

State Sales Tax Number: _____

Business location must be zoned properly

Sec. 30-33 License not transferable

Sec. 30-55

License Fee: Per Day-----\$20.00
 Per Week-----\$80.00
 Per Year-----6-1 to 5-31-----\$150.00

OFFICE USE

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

Date Paid: _____ \ _____ \ _____ License No.: AMPK _____