



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

AMUSEMENT PARK APPLICATION

BUSINESS OWNER INFORMATION

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. 5.05.080 License not transferable
Sec. 5.10.050

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

(Office Use Only)

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

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