

**CITY OF TOPEKA**  
**APPLICATION**  
**CLEANERS & DRY CLEANERS**

**BUSINESS OWNER'S**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

**BUSINESS**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

State Sales Tax Number: \_\_\_\_\_

Business location must be zoned properly

Sec. 30-33 License not transferable

License Fee: \$20.00 11-1 TO 10-31 Sec. 30-65

**OFFICE USE**

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

Date Paid: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ License No.: CLNS \_\_\_\_\_