

**Trade License(s) Application for the City of Topeka  
Development Services Division**

620 SE Madison, Topeka, Kansas 66607-1118

Office # 785.368-3905 - Option #3, Office Fax # 785.368-3915 or Email: ifilby@topeka.org

Date of Application \_\_\_\_\_

**\$3.00 Tech Fee included in all fees.**

License Type	Trade License Categories									Qty	Ea.	New	Renewal	Total	
	Electrical	Mechanical	Plumbing	Mob Hm	Solid-Fuel	Gas Fitter	Water Softner	Lawn Irrigation	Class B						
<b>Contractor</b>											@	<b>253.00</b>	<b>153.00</b>		
<b>Master</b>											@	<b>103.00</b>	<b>78.00</b>		
Block/Experior Certification required with Master Application = 75% +															
<b>Journeyman</b>											@	<b>53.00</b>	<b>33.00</b>		
Block/Experior Certification required with Journeyman Application = 75% +															
<b>Apprentice</b>											@	<b>33.00</b>	<b>23.00</b>		
<b>Back Flow</b>		Backflow applicant must show proof of state certification Use Last 4-digits of Social Security Number for Back Flow License #.										@	<b>53.00</b>	<b>53.00</b>	
<b>Total</b>															

Applicant Name:  Home Phone #

Address:  Apt. or Lot #

City  State  Zip Code

Birth Date  Social Security #  Drivers Lic.

Payment Type	Receipt #
Cash	
Check	
VS/MC	
Mo. Order	
Inter-Fund	

**All Fees Double if paid after 14th of December.**

**Contractor to complete information below**

Business Name

Business Address

City  State  Zip Code

List Designated Master for your company

Owner of Business  Home #

Birth Date  Social Security #  Drivers Lic.

Owners Home Address

City  State  Zip Code

**Visa/MasterCard Payment Information**

**VISA** V-Code

**M/C** Zip Code

Card Mailed to:

Card #:

Expires:

Amount of Purchase:

Signature:

Business Phone #

Cell Phone #

Fax #

**All Trade Contractor's are required to maintain a current Certificate of Insurance on file with the City of Topeka to request permits or inspections. Failure to meet this requirement will cause your license to be suspended. A \$30.00 charge to reinstate your license will be required provided you show proof of continuous coverage.**

E-Mail Address Required