



CITY OF TOPEKA

CITY CLERK
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ALCOHOLIC LIQUOR DISTRIBUTOR APPLICATION

BUSINESS OWNER INFORMATION

Name: _____

Address: _____

City/State: _____ Zip: _____

Telephone Number: _____

BUSINESS

Name: _____

Mailing Address: _____ Zip: _____

Business Address: _____ Zip: _____

Telephone Number: _____

State License Number: _____

Business location must be zoned properly.
Sec 5.05.080 License not transferable.
Sec. 9.15.060 to 9.15.090 Alcoholic Beverages.

License Fee: \$2,000.00 - Biennial (2 years) - Sec. 5.10.020 (5)

(Office Use Only)

License Fee:\$_____ Cash ☐ Charge ☐ Check ☐ Check No. _____

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