



# CITY OF TOPEKA

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CITY CLERK  
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## AMBULANCE BUSINESS APPLICATION

### BUSINESS OWNER INFORMATION

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### BUSINESS

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

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

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

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

Business location must be zoned properly.  
Sec 5.05.080 License not transferable.  
Sec. 5.25.010 to 5.25.180 and 10.30.010 to 10.30.040.

New Application: Give City of Topeka Application Ambulance Business and Copy of Emergency Services Chapter 62 out of City of Topeka Code Book. Refer to Legal.

Renewal: City of Topeka Application Ambulance Business Certificate of Insurance.  
Section 5.10.140

License Fee: \$25.00 - January 1 to December 31 - Sec.5.10.040

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(Office Use Only)

License Fee:\$25.00      Cash ☐ Charge ☐ Check ☐ Check No. \_\_\_\_\_

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