



# CITY OF TOPEKA

---

CITY CLERK  
City Hall, 215 SE 7<sup>th</sup> St., Room 166  
Topeka, KS 66603-3914  
(785) 368-3941

Brenda Younger, M.M.C.  
E-mail: [cclerk@topeka.org](mailto:cclerk@topeka.org)  
Fax: (785) 368-3943  
[www.topeka.org](http://www.topeka.org)

## AMBULANCE VEHICLE APPLICATION

### BUSINESS OWNER/CONTACT INFORMATION

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

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

City, State \_\_\_\_\_ Zip: \_\_\_\_\_

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

### BUSINESS

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

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

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

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

Vehicle ID Numbers: \_\_\_\_\_  
(Attach a list if necessary)

Sec. 5.25.010 to 5.25.180 and 10.30.010 to 10.30.040

### **MUST HAVE AMBULANCE BUSINESS LICENSE**

License Fee: \$275.00 each vehicle

Must have Certificate of Insurance and Vehicle ID Number for each vehicle

---

(Office Use Only)

License Fee: \$275x ( ) \_\_\_\_\_

Cash ( ) Charge ( ) Check ( ) Check No. \_\_\_\_\_

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