



CITY OF TOPEKA

CITY CLERK
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TOBACCO/NOVELTY RETAIL LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____

Address of Licensed Premises: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
(If Different)

City: _____ State: _____ Zip: _____

Telephone Number: _____

State Sales Tax Number: _____

APPLICANT INFORMATION -Please Print

***MUST BE INDIVIDUAL INFORMATION**

Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Length of time at address: Years: _____ Months: _____

DOB: _____ Location of Birth (City, State OR Country): _____

CONTINUED ON BACK

PROPERTY OWNER INFORMATION (If different from applicant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I _____, the above named Applicant declare under penalty of perjury that I am a citizen of the United States and not less than twenty-one (21) years of age, and have not within the last five (5) years immediately proceeding the date of application been convicted of or given diversion for a felony or a misdemeanor involving the sale, distribution or use of tobacco, tobacco products, tobacco paraphernalia or any controlled substance.

Applicant Signature

Business must be zoned properly.

Sec. 5.160.010 to 5.160.040 City Code

License Fee: \$500.00 year to date Sec. 5.160.020

License not transferable Sec. 5.05.080

(Office Use Only)

License Fee: **\$500.00** Cash ☐ Charge ☐ Check ☐ Check No. _____

Date Paid: _____ Sent to Police Department: _____

Recommendation by Chief of Police: _____

Approved/Date

Denied/Date

License No. TONO _____ From: _____ To: _____