

**Building & Code
Enforcement**

www.junctioncity-ks.gov



PO Box 287
700 N Jefferson
Junction City, KS 66441
785-210-2951

Junction City

SKATING RINK LICENSE APPLICATION

BUSINESS NAME:	
BUSINESS ADDRESS:	
MAILING ADDRESS:	
BUSINESS PHONE:	
OWNER NAME:	
OWNER PHONE:	
APPLICANT NAME:	
APPLICANT ADDRESS:	
APPLICANT PHONE:	

ATTACH PHOTO COPY OF APPLICANT'S DRIVER'S LICENSE

APPLICANT DL #:	STATE OF ISSUANCE

I hereby certify the above information is true and correct:

X.	X.
<i>Signature of Applicant</i>	<i>Date</i>
X.	
<i>Witness to Applicant Signature</i>	<i>Date</i>

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____

APPROVED BY:	CODE ENFORCEMENT	FIRE MARSHAL	PLANNING & ZONING	FEEs
DATE APPROVED:				Amount Received: