



PROMOTING EMPLOYMENT ACROSS KANSAS (PEAK) PROGRAM
APPLICATION FEE PAYMENT FORM

(For paper check payments only)

Please complete this form and enclose with your non-refundable application fee payment.

Applicant Company Name: _____

Address: _____

Contact: _____

Email: _____

Phone: _____

Amount of Payment: _____

\$750 Company Application Fee

Check Number: _____

Make check payable to: *Kansas Department of Commerce*

Check memo: *PEAK Application Fee - "Applicant Company Name (if different from check)*

Please mail paper check and this form to:

Kansas Department of Commerce
PEAK Program
Attn: Katrina O'Hara
1000 SW Jackson Street, Suite
100
Topeka, Kansas 6661-1354