

Fee: \$350.00



Solicitor's License – Application

APPLICATION REQUIREMENTS – Application, documents and fees must be submitted to:

Central Permit Office
201 East Washington Street, Room 101 • Syracuse, New York 13202
Phone # 315-448-8474 • BusinessLicense@syrgov.net

Business Name: _____

Business Address: _____

Business Phone: _____

Applicant Name: _____

Applicant Date of Birth or Date of Formation if applicant is a corporation or LLC: _____

Business Phone #: _____ Business Owner Email: _____

Is the Business Owner a (check one) ___ Sole Proprietor ___ Partnership ___ Corporation or ___ LLC

If other than Sole Proprietor, list all partners and limited liability company members, including addresses and dates of birth.

Also list any assumed names of the Business D/B/A) _____

If the application involves the use of a motorized vehicle: NYS Driver's License #: _____

Insurance and State Motor Vehicle Registration: _____

Year, make, model; and color of vehicle: _____

Type of Goods, Wares, Services and/or Merchandise being offered: _____

Proof of New York State Department of Taxation and Finance Certificate of Authority: _____

Two unmounted, unretouched photos must be furnished

The undersigned _____ does hereby apply to the City of Syracuse, State of New York, for a Solicitor's License pursuant to Chapter 9, Article 12 of the Revised General Ordinances of the City of Syracuse.

I have read and understand the instruction sheet regarding hours of operation _____

INDEMNIFICATION

Upon issuance of this license, the applicant agrees to indemnify, defend and hold harmless the City of Syracuse, its officers, agents, and employees from and against any and all damages, claims costs, or expense arising from the issuance of this license, provided that such damage, claim cost or expense is attributable to bodily injury, sickness, disease, or death or damage to property. This indemnity shall survive the expiration and/or termination of this license.

Signature of Applicant

Sworn before me this _____

Day of _____, 20____

Print Name

Notary Public _____

Fee: \$100.00



Solicitor's Assistant Application

APPLICATION REQUIREMENTS – Application, documents and fees must be submitted to:

Central Permit Office
201 East Washington Street, Room 101 • Syracuse, New York 13202
Phone # 315-448-8474 • BusinessLicense@syrgov.net

Business Name: _____

Business Address: _____

Business Phone: _____

City of Syracuse Solicitor's License # _____

Applicant Name: _____

Applicant Address (no PO Boxes): _____

Applicant Date of Birth: _____

Phone#: _____

If the application involves the use of a motorized vehicle: NYS Driver's License #: _____

Insurance and State Motor Vehicle Registration: _____

Year, make, model; and color of vehicle: _____

Type of Goods, Wares, Services and/or Merchandise being offered: _____

Two unmounted, unretouched photos must be furnished

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Signature of Applicant

Sworn before me this _____

Day of _____, 20____

Print Name

Notary Public _____