

**FEE: \$100.00 PER YEAR  
PAID:**

**LICENSE #:  
DATE ISSUED:**

**APPLICATION FOR AUCTIONEER LICENSE**

BUSINESS NAME: \_\_\_\_\_

The undersigned \_\_\_\_\_, does hereby apply to the License Commissioner of the City of Syracuse, State of New York, to engage in the business of Auctions, Auction sales and Auctioneer pursuant to the General Ordinances of the City of Syracuse.

**PLEASE PRINT**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Is the applicant a Corporation? \_\_\_\_\_

How long at Business address? \_\_\_\_\_

If yes, list its principal officers with their respective places residence, phone numbers and titles:

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Is the applicant a Partnership, Association or Firm? \_\_\_\_\_

Conducting business under an assumed name? \_\_\_\_\_

If yes to either question, please list any partners with addresses and date of birth, or any assume names.

\_\_\_\_\_  
\_\_\_\_\_

**A BOND IN THE AMOUNT OF \$5,000.00 MUST BE POSTED AND APPROVED**

**INDEMNIFICATION STATEMENT**

The applicant, upon issuance of a license, herein agrees to indemnify and save harmless the City of Syracuse, its agents, officers and employees thereof from all claims, suits or actions of every name or description brought against the City, its officers, employees or agents for or on account of bodily injuries, including death or damages to property, received or sustained, or alleged to be sustained by any person or persons arising out of the license issued herein.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(NOTARY)