

APPLICATION INSTRUCTIONS FOR JUICE BAR LICENSE

1. Return completed application **along with payment** to the address below.
Commissioner of Finance
233 East Washington Street
Room 122
Syracuse, NY 13202
Please note that the \$250.00 processing must be received along with the application or the paperwork will not be processed.
2. Your application will be forwarded to the Zoning Department, Police Department Ordinance Enforcement, Code Enforcement, Fire Department Fire Prevention and Finance Department for approval. **NO APPLICATION WILL BE WALKED THROUGH.**
3. Juice Bar may not operate after 11:00 P.M.
4. No business is to open prior to license being issued.
5. Juice Bar License expires on December 31st of the year issued regardless of when the license was issued. Therefore it is the responsibility of the licensee to renew their license in a timely manner.

Please note:

*All applications must be notarized.

*A copy of your Workman's Compensation Insurance policy must accompany all applications. If you do not need Workers compensation Insurance, the enclosed affidavit must also be returned

*Incomplete forms will be returned

TO SET UP AN APPOINTMENT FOR INSPECTIONS or QUESTIONS

Fire Department Fire Prevention	473-5525, Ext 500
Zoning Administration	448-8640
Code Enforcement	448-8706
Police Department Ordinance Enforcement	448-8610
License Department	448-8474

Fee \$250.00

City of Syracuse Commissioner of Finance
233 East Washington Street
Room 122
Syracuse, NY 13202

APPLICATION FOR JUICE BAR LICENSE

Business Name: _____ . Business Address: _____ .

Business Zip Code: _____ .

Business Owner: _____ Business Owner Address: _____ .

Business Owner Date of Birth: _____ Business Phone: _____ .

Business Cell Phone: _____ Business Owner Phone: _____ .

The undersigned _____ does hereby apply to the City of Syracuse, State of New York, for a Juice Bar License pursuant to Chapter 5 of the Revised General Ordinances of the City of Syracuse and agree to follow all the terms of General Ordinance 27 of 2009.

Applicant Name: _____ Applicant Date of Birth: _____ .

Applicant Address: _____ Applicant Phone: _____ .

Days of operation (Juice Bar may not operate after 11:00 p.m.)

Sun Mon Tues Wed Thurs Fri Sat

_____ .

List all State, County and City Licenses held by the Business:

_____ .

_____ .

_____ .

Does Business have an Alcohol Beverage Control License? Yes ___ No ___ .

Does Business prepare and serve food, except as an incidental part of the business? Yes ___ No ___ .

Does Business have live or recorded music and permits dancing with or without music?

Yes ___ No ___ .

