

FEE: \$150.00 Annually  
\$25.00 per month  
PAID: \_\_\_\_\_

LICENSE # \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_

**APPLICATION FOR ROLLER SKATING RINK**

The undersigned \_\_\_\_\_, does hereby apply to the License Commissioner of the City of Syracuse, State of New York, for a license to engage in the business of Roller Skating, pursuant to the General Ordinances of the City of Syracuse.

**PLEASE PRINT**

Location of Event: \_\_\_\_\_  
Applicant Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Promoters: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Show/Event: \_\_\_\_\_ Type of Show/Event: \_\_\_\_\_  
Home Address of Show/Event: \_\_\_\_\_  
Address while performing in Syracuse: \_\_\_\_\_  
Estimated attendance: \_\_\_\_\_ Sell Out: \_\_\_\_\_ Non-Profit: \_\_\_\_\_  
Name of Security Organization: \_\_\_\_\_  
Number of Security Personnel: \_\_\_\_\_ Uniformed: \_\_\_\_\_ Non-Uniformed: \_\_\_\_\_  
\*The number of Police officers will be determined by the Chief of Police  
Will Alcohol be served at this event? \_\_\_\_\_ If yes, give ABC Permit # \_\_\_\_\_

Date	Times	Part of Building
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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)