

Fee: \$250.00 year  
\$50.00 One Day



**APPLICATION SECOND HAND AUTO LICENSE**

**APPLICATION REQUIREMENTS** –Application 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](mailto:BusinessLicense@syrgov.net)

**What type of items will be sold:** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

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

**Business Name** \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_

Is the Applicant a Corporation, Partnership, Association or Firm? \_\_\_\_\_ if yes, list its principal officers

with their respective places of residence, phone numbers, titles and date of birth: \_\_\_\_\_

\_\_\_\_\_

**New York State Tax Identification #** \_\_\_\_\_

The undersigned \_\_\_\_\_, **does** hereby apply to the City of Syracuse, State of New York, to engage in the business of junk dealer without a yard, pursuant to the General Ordinances of the City of Syracuse

**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

\_\_\_\_\_

**Approvals**

**Police Department**

**Application Approved** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fire Department**

**Application Approved** \_\_\_\_\_ **Date** \_\_\_\_\_

**Zoning Department**

**Application Approved** \_\_\_\_\_ **Date** \_\_\_\_\_

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