

Fee: _____

License # _____

Paid: _____

Date Issued _____

**Application for a
Transient Retail Business License**

Return to : City of Syracuse License Commission Room 122 City Hall Syracuse NY 13202

I herewith apply for a TRANSIENT RETAIL BUSINESS LICENSE within the City of Syracuse, pursuant to the revised General Ordinances of the City of Syracuse.

Applicant Name: _____ Date of Birth _____

Home Address: _____

Home Phone: _____

Address where business will be conducted:

Days & Hours of

Operation: _____

Duration of business enterprise: _____ (not longer than six months)

Is the applicant a Corporation? Yes ___ No ___

If a Corporation, please list principal officers by full name, title and date of birth.

NAME/TITLE

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

Is the applicant a partnership, association or firm; or conducts business under an assumed name? Yes ___ No ___

If yes, give name, address, and phone number of assumed name or list partner(s):

(OVER PLEASE)

Signature of applicant

Date

Please print name

INDEMNIFICATION STATEMENT

The applicant upon the 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 or in any permit or permission granted to the applicant to vend at any public space or park.

Signature of applicant

Date

POLICE DEPARTMENT:
APPLICATION APPROVED ___ DENIED ___

DATE: _____

Chief of Police