

**FEE: \$75.00 LOCATION  
\$ 5.00 CERTIFICATE  
\$25.00 PER GAME  
\$25.00 PER JUKEBOX**

**LICENSE #**

**DATE ISSUED**

**PAID:**

**AMUSEMENT LOCATION & DEVICE**

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 amusement device location, pursuant to the General Ordinances of the City of Syracuse.

**PLEASE PRINT**

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

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

Business Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Is the applicant a Corporation/Partnership or Association? \_\_\_\_\_

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

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

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

Has the applicant or any member of the applicant (in case of a corporation or partnership) ever been convicted of a felony or misdemeanor and in good moral standing? yes no

If yes, please state facts: \_\_\_\_\_

Number of Games \_\_\_\_\_ @\$25.00

Number of Jukeboxes \_\_\_\_\_ @\$25.00

Is this location within 200 feet of the lot of a Public or Private School, Church or Playground. yes no

Operator Business Name \_\_\_\_\_ License # \_\_\_\_\_

**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)