

**FEE: \$35.00 ONE YEAR  
\$10.00 PER YEAR**

**LICENSE #**

**PAID:**

**DATE ISSUED**

**APPLICATION FOR BILL & SAMPLE DISTRIBUTION**

BUSINESS NAME: \_\_\_\_\_

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 bill & sample distribution, pursuant to the General Ordinances of the City of Syracuse.

**PLEASE PRINT**

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

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

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

Is the Applicant a Corporation? \_\_\_\_\_

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

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

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

Is the applicant a Partnership, Association or Firm?

If yes, please list any partners with addresses and date of birth, or any assumed names.

Has the applicant or any member of corp./part ever been convicted of a felony or misdemeanor? YES NO

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

Are there any criminal charges pending against you now? YES NO

Explain:

**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)