

City of Syracuse License Commission
233 East Washington Street – Room 122
Syracuse, NY 13202

Fee \$200.00 every 2 yrs

Questions: (315) 448-8474 BusinessLicense@CI.Syracuse.NY.US

APPLICATION FOR BUSINESS CERTIFICATE OF USE
(PLEASE PRINT)

Business Information

Business Name: _____

Business Owner: _____

Business Address: _____

Business Phone: _____ Business Cell Phone: _____

The undersigned _____ does hereby apply to the City of Syracuse, State of New York, for a Business Certificate of Use License pursuant to chapter 49 of the Revised General Ordinances of the City of Syracuse.

Application Information

Applicant Name: _____ Applicant Date of Birth: _____

Applicant Address: _____ Applicant Phone: _____

Applicant City: _____ State: _____ Zip: _____

Building Owner Information

Owner Name: _____ Contact Name: _____

Contact Phone: _____ Contact Cell Phone: _____

Other Information

Type of Business: Bar Drug Store Food/Convenience Store Restaurant

Days and hours in Operation:

Sun: _____ Mon: _____ Tues: _____ Wed: _____
Thurs: _____ Fri: _____ Sat: _____

If licensed by New York State Alcoholic Beverage Control Board, License #: _____

List all State, County, and City Licenses held by the Business: _____

Is the applicant Partnership, Association firm or LLC? _____
If yes, list all partners and limited liability company members, including address and dates of Birth. Also list any assumed names of the Business (D/B/A).

Is there any on-site cooking? Yes / No If yes do you have a fire suppression hood system? Yes / No

Do you have a Fire Alarm / Smoke Detector system? Yes / No

Do you have a sprinkler system in your space? Yes / No Fire Department Capacity: _____

Do you have an elevator or dumb-waiter in your space? Yes / No

Is there any interior seating? Yes / No If yes, state number of tables: _____

Is there any outside seating/ Yes / No If yes, state number of tables: _____

Number of on site parking spaces: _____

Is there an outside ice machine? Yes / No Is there an outside public telephone? Yes / No

Do you have any music or entertainment? Yes / No

Do you have any amusements such as video games or a juke box? Yes / No If yes, how many: _____

INDEMNIFICATION

Upon issuance of this license, the applicant agrees to indemnify, defend and hold harmless the City of Syracuse, its officers, agents, and employees from and against any and all damages, claims costs, or expense arising from the issuance of this license, provided that such damage, claim cost or expense is attributable to bodily injury, sickness, disease, or death or damage to property. This indemnity shall survive the expiration and/or termination of this license.

Sworn before me this _____

Day of _____, 20_____

Notary Public

Signature of Applicant

Print Name

Title