

Mark McLees
Chief of Fire

Charles Duffy
First Deputy Chief



Deputy Chiefs
William Mitson
Jeffrey Daly
Stephen Cavuto
Edward Kurtz
Robert Bratt

DEPARTMENT OF FIRE

Stephanie Miner, Mayor

Dear business owner,

You are applying for a **motion picture theater** license from the City of Syracuse. This procedure requires that the Syracuse Fire Department's Fire Prevention Bureau conduct an inspection of your establishment. **Your license WILL NOT be issued without this inspection.** It is **YOUR** responsibility to call the Fire Prevention Office (by calling 315-448-4777) to schedule this inspection.

In order to streamline the inspection process please have the following information/documents available for the inspector at the inspection.

1. Capacity sign as issued by the Fire Prevention Bureau.
2. A copy of the most recent sprinkler inspection (if your building is so equipped).
3. A copy of the most recent smoke detector and/or fire alarm certification (if your building is so equipped).
4. Make sure that your commercial cooking equipment fire suppression system has been inspected with in the last six months (if your building is so equipped).
5. Make sure all exit signs and emergency lighting devices are functioning properly.

Failure to schedule an inspection will prohibit the issuance of your license. Operating without a license may result in action by the Syracuse Police Department.

FEE: _____

BASED ON SEATING CAPACITY

over 1400 - \$200.00, 1200 to 1400 - \$110.00, 1000 to 1200 - \$85.00
600 to 800 - \$50.00, less than 600 - \$35.00 1/2 price after July 1st

LICENSE #

DATE ISSUED

APPLICATION FOR A MOTION PICTURE THEATRE LICENSE

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 Motion Picture Theatre 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 residence, phone numbers and titles:

_____ Date of Birth _____

_____ Date of Birth _____

Is the applicant a Partnership, Association or Firm? _____

Conducting business under an assumed name? _____

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

Please give New York State License Number (if any) _____

Location of Theatre _____

Seating Capacity _____ (TO BE DETERMINED BY FIRE DEPARTMENT)

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)