

**FEE: \$150.00 PER YEAR /\$15.00 PER DAY
\$75.00 AFTER JULY 1ST**

LICENSE #

PAID:

DATE ISSUED

THEATER OR STAGE LICENSE

BUSINESS NAME: _____

LOCATION OF THEATER: _____

The undersigned _____, does hereby apply to the License Commissioner of the City of Syracuse, State of New York, for a Theater License, 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: _____

Type of Building: _____

Please give New York State License # (if any): _____

State the exact nature of the activity you seek to have licensed: _____

Seating Capacity: _____ (TO BE DETERMINED BY FIRE DEPARTMENT)

Is the applicant a corporation, partnership, firm or conducting business under an assumed name? _____

If yes please list any officers or partners or assumed name.

NAME

ADDRESS

DATE OF BIRTH

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)