

FEE: \$200.00 PER YEAR

**LICENSE #
DATE ISSUED**

PAID:

APPLICATION FOR SCRAP PROCESSOR

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 Scrap Processor, 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 assume names.

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

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)