FEE: \$15.00 per day

LICENSE # DATE ISSUED

PAID: _____

LICENSE APPLICATION FOR MUSICAL SHOWS

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 Musical Shows, pursuant to the General Ordinances of the City of Syracuse.

PLEASE PRINT

Location of Event:				
Applicant Name			Date of Birth:	
Address:			Business Phone:	
Promoters:			Business Phone:	
Address:				
Name of Show/Event: Type			Type of Show/Event:	
Home Address of Sh	ow/Event:			
Address while perfor	rming in Syracuse:			
Estimated attendanc	e: Sell	Out:	Non-Profit:	
Name of Security Or	ganization:			
Number of Security Personnel:		Uniformed:	Non-Uniformed:	
*The number of Poli	ce officers will be d	letermined by the	Chief of Police	
Will Alcohol be serve	ed at this event?	If yes, g	ive ABC Permit #	
Date	Times	Part	t of Building	
				-

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