



# CENTRAL PERMIT OFFICE

CITY OF SYRACUSE, MAYOR BEN WALSH

## Amusement Device Location License Instructions

**Overview:** This license is required for the owner of an establishment in which amusement devices are present. Amusement devices are any money-controlled gaming devices of any description. These include but are not limited to electronic dart boards, bagatelle (pinball) machines, iron-claw machines, interactive television games, jukeboxes (including modern jukeboxes and touch tunes) and all similar devices. For more information, [click here to read the ordinance](#).

### Application Contents:

- License Requirements
- Application Checklist
- Submittal Instructions
- Amusement Device Location License Application and License Fees, pages 2 to 3

### License Requirements:

- A separate license, the Amusement Device Operator License, must be obtained by the owner of the device(s). If you own the device and it is in an establishment you own, you are responsible for obtaining both licenses.
- Amusement devices are not permitted to be held in a location that is within 200 feet of the lot line of a public or private school, church, or playground. Gambling devices and adult entertainment devices are not permitted.
- The license is non-transferrable and must be renewed every year. The certificate expires on December 31 of the year issued, unless issued after October 31 the certificate will expire on December 31 of the following year.
- Every amusement device shall prominently display the name, address, and telephone number of the licensed amusement device operator indicated on the location certificate.

### Application Checklist:

- Completed the Amusement Device Location License Application (pages 2 to 3). The application must be signed in the presence of a notary public.
- Application Fee (\$75 Per Location. Add \$25 Per Game / Jukebox, see page 2). Check or Money Order payable to Commissioner of Finance.
- Copy of Applicant's Photo Identification: Driver's License, Passport, or equivalent.

### Submittal Instructions:

1. Application must be completed in its entirety. Incomplete applications will not be processed.
2. Application, fees, and document must be submitted to:

**City of Syracuse, Central Permit Office**

One Park Place

300 South State St.

Syracuse, NY 13202

315-448-8474 | [Licensing@syr.gov](mailto:Licensing@syr.gov)



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## Amusement Device Location License Application

**License Fees:**

- \$75.00 per Location
- \$25.00 per Game
- \$25.00 per Jukebox (includes modern "jukeboxes")

Location (Business) Name and Doing Business As (DBA): \_\_\_\_\_

Location (Business) Address: \_\_\_\_\_

Location (Business) Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Address of Location Owner: \_\_\_\_\_

\_\_\_\_\_

Is your Business one of the following (circle one)? Corporation / Partnership / Association / Firm

If yes, list all principal officers including their addresses, phone numbers, titles, and dates of birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of games to be placed at this location: \_\_\_\_\_

Number of jukeboxes to be placed at this location: \_\_\_\_\_

Is this location within 200 feet of the lot of a public or private school, church, or playground (circle one)? Yes / No

**Amusement Device Operator Information:**

Operator's Name (Owner of Device(s)): \_\_\_\_\_

City of Syracuse Amusement Device Operator License Number: \_\_\_\_\_

Operator's Business Name: \_\_\_\_\_



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The undersigned \_\_\_\_\_ does hereby apply to the License Commissioner of the City of Syracuse, State of New York, for an Amusement Device Location License pursuant to the Revised General Ordinances of the City of Syracuse.

## Indemnification Statement

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 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.

**Section below to be completed in the presence of Notary Public:**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Duly sworn to before me on this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.  
Applicant Name

SEAL/STAMP

\_\_\_\_\_  
Notary Public Print Name

\_\_\_\_\_  
Notary Public Signature