



CENTRAL PERMIT OFFICE

CITY OF SYRACUSE, MAYOR BEN WALSH

Bill Posting License Instructions

Overview: This license is required for any person or entity posting or carrying advertising boards, signs, or placards in the city right-of-way, typically for the purpose of advertising. For more information, [click here to read the Ordinance](#).

Application Contents:

- License Requirements
- Application Checklist
- Submittal Instructions
- Bill Posting License Application, pages 2 to 3

License Requirements:

- The license must be renewed every year and expires on December 31 of the year issued.

Application Checklist:

- Completed Bill Posting License Application (pages 2 to 3). The application must be signed in the presence of a notary public.
- \$50 Application Fee. 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, fee, 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



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Bill Posting License Application

Business Name: _____

Applicant Name: _____ Date of Birth: _____

Applicant Phone: _____

Home Address: _____

Business Address: _____

Business Phone: _____

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:



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