



CENTRAL PERMIT OFFICE

CITY OF SYRACUSE, MAYOR BEN WALSH

Buses License Instructions

Overview: A Bus license is required for all buses, intrastate buses, and interstate buses operating in or partly in the City of Syracuse, for the purpose of carrying passengers and receiving and discharging persons along the route. This excludes buses used solely for sightseeing, hotel buses, or any taxicab or airport buses. For more information, [click here to read the ordinance](#).

Application Contents:

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

License Requirements:

- The license will expire on June 30th of the year after it was issued. Must be renewed in June of each year.
- No person under the age of 18 may operate a bus in the City of Syracuse.
- The common council and chief of police of the city of Syracuse shall fix and determine routes and termini to be used by the licensee(s).
- It is unlawful to operate any bus while a trailer or any other passenger vehicle is attached to said bus.
- It is unlawful to operate a bus during the period from a half-hour after sunset to a half hour before sunrise unless the body of the bus is effectually illuminated.
- Absolutely no smoking is permitted on buses.
- Uniformed policemen and firemen of the city may ride upon any bus for free.
- A license may be revoked at any time by the chief of police should the ordinance be considered violated.

Application Checklist:

- Completed Buses License Application (pages 2 to 3). Application must be signed in the presence of a notary public.
- Liability Insurance policy, minimum of \$5,000 for injury or death of one person, and minimum of \$25,000 for any one accident. Policy shall be in favor of the city and the licensee(s), and shall cover the city of Syracuse, the public, and passenger liability.
- Copies of Vehicle Registration(s) and Auto insurance policy for each bus.
- Application fee of \$300 per bus operating only in the City of Syracuse, or \$150 per each intrastate or interstate bus. Check or money order made payable to Commissioner of Finance.
- Copy of Applicant's driver's license and copy of each additional driver's license that will be operating a bus.

Submittal Instructions:

1. Application must be completed in its entirety. Incomplete applications will not be processed.
2. Application, fee, and documents 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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Buses License Application

License Fees:

- \$300.00** – Bus operating solely in the City of Syracuse
- \$150.00** – Intrastate and Interstate Bus

Applicant Name: _____ Date of Birth: _____

Home Address: _____

Phone #: _____ Business Phone #: _____

Business Name and/or Doing Business As (DBA): _____

Business Address: _____

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 Buses to be licensed: _____

List of Buses License Plate Numbers:

Please list all bus drivers with names and dates of birth (please attach driver's licenses with application):



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