



CENTRAL PERMIT OFFICE

CITY OF SYRACUSE, MAYOR BEN WALSH

Circus License Instructions

Overview: The Circus license is required before any temporary structure is erected to be used as a circus or place of amusement; or for any religious, educational, or recreational purposes, or for any other public assemblages whatsoever within the City of Syracuse. The application and plans must be submitted at least 10 days prior to the opening of such temporary structure(s). For more information, [click here to read the ordinance](#).

Application Contents:

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

License Requirements:

- An inspection is required by the police, fire, and building departments, and, where sanitary facilities are provided, by the health department, and must pass inspection before a license will be issued.
- The licensee must provide, at their own expense, guards at each exit and entrance of all structures open to the public.
- If you do not organize and provide sufficient police force at your own expense, the chief of police will provide such at your expense.
- Absolutely no smoking and no overcrowding is permitted.
- Aisles and exits must always be kept open and unobstructed, and all rubbish and debris must be serviced and cleared.
- The Chief of Police may revoke a license at any time should the ordinance be considered violated.

Application Checklist:

- Complete the Circus License Application (pages 2 to 3). The application must be signed in the presence of a notary public.
- Construction and event plans.
- General Liability insurance, minimum amount to be determined by the Chief of Police, listing the City of Syracuse as additional insured.
- Application Fee of \$25.00 Per Day. 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 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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Circus License Application

Applicant Name: _____ Date of Birth: _____

Home Address: _____ Phone #: _____

Is the applicant a (circle one) Corporation, Partnership, Association, or Firm?

- If yes, please list all principal officers and/or members with their respective addresses, phone numbers, and dates of birth: _____

Location of Event: _____

Nature/Type of Event: _____

Type of Construction: _____

How long is the event/How many days will temporary structure(s) be used for? _____

Please outline provisions made for sanitary facilities at the event (include with plans): _____

Estimated Attendance: _____ Sell Out? (circle one): Yes / No Non-Profit? (circle one)? Yes / No

Name of Security Organization: _____

Number of Security Personnel: _____ uniformed: _____ non-uniformed: _____

*The number of Police officers will be determined by the Chief of Police

Will there be open flame anywhere?

- If yes, please outline your solution to flameproof the structure: _____

Will Alcohol be served at this event (circle one)? Yes / No

- If yes, give ABC Permit #: _____



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Event Information:

Date(s):

Time/hours:

***Please furnish the application with detailed plans outlining: Seating Arrangement, Aisle details, Structural details, Sanitary Facility details, Location of Electrical Wiring, Location of Fire Equipment, and Entrance and Exit details.**

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