



CENTRAL PERMIT OFFICE

CITY OF SYRACUSE, MAYOR BEN WALSH

Junk Collector Without a Yard License Instructions

Overview: This license is required for persons engaging in the business of collecting and/or dealing junk in the City of Syracuse, who do not own or maintain a yard or other fixed premises for such business. For more information, [click here to read the Ordinance](#).

Application Contents:

- License Requirements
- Application Checklist
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License Requirements:

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

Application Checklist:

- Completed Junk Collector Without a Yard Application (page 2). The application must be signed in the presence of a notary public.
- \$25 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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Junk Collector Without a Yard Application

Applicant Name: _____

Home 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:

The undersigned _____ does hereby apply to the License Commissioner of the City of Syracuse, State of New York, for a Junk Collector Without a Yard 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