FEE: \$100.00 At \$25.00 per o	day	LICEN DATE	SE #	
PAID:		OFESSIONAL BASKETBALL	AND HOCKEY	
The undersigned		e, State of New York, for a licen	does hereby apply to the	
		e, State of New York, for a licen ant to the General Ordinances of		
	P	LEASE PRINT		
Location of Event:				
Applicant Name		Date of Bir	Date of Birth:	
Address:		Business Pl	Business Phone:	
Promoters: Business Phon		Phone:		
Address:				
Name of Show/Event:Type of Show/Event:		:		
Home Address of S	Show/Event:			
Address while perf	orming in Syracuse:			
Estimated attendar	nce: Sell Out:	Non-Profit:		
Name of Security C	Organization:	Uniformed:Non-Unifor		
Number of Security	y Personnel: U	Jniformed <u>:</u> Non-Unifor	rmed:	
*The number of Po	olice officers will be determ	ined by the Chief of Police		
Will Alcohol be ser	eved at this event?	If yes, give ABC Permit #		
Date	Times	Part of Building		
	INDEMNIF	FICATION STATEMENT		
Syracuse, its agent description brough including death or	ts, officers and employees t against the City, its office	nerein agrees to indemnify and thereof from all claims, suits o ers, employees or agents for or or eived or sustained, or alleged to rein.	r actions of every name or account of bodily injuries,	
(SIGN	ATURE OF APPLICANT)	(DATE)	

(NOTARY)

(PLEASE PRINT NAME)