

Mark McLees
Chief of Fire

Charles Duffy
First Deputy Chief



Deputy Chiefs
William Mitson
Jeffrey Daly
Stephen Cavuto
Edward Kurtz
Robert Bratt

DEPARTMENT OF FIRE

Stephanie Miner, Mayor

Dear business owner,

You are applying for a **bowling alley** license from the City of Syracuse. This procedure requires that the Syracuse Fire Department's Fire Prevention Bureau conduct an inspection of your establishment. **Your license WILL NOT be issued without this inspection.** It is **YOUR** responsibility to call the Fire Prevention Office (by calling 315-448-4777) to schedule this inspection.

In order to streamline the inspection process please have the following information/documents available for the inspector at the inspection.

1. Capacity sign as issued by the Fire Prevention Bureau.
2. A copy of the most recent sprinkler inspection (if your building is so equipped).
3. A copy of the most recent smoke detector and/or fire alarm certification (if your building is so equipped).
4. Make sure that your commercial cooking equipment fire suppression system has been inspected with in the last six months (if your building is so equipped).
5. Make sure all exit signs and emergency lighting devices are functioning properly.

Failure to schedule an inspection will prohibit the issuance of your license. Operating without a license may result in action by the Syracuse Police Department.

FEE: \$10.00 PER YEAR (6 LANES OR LESS)
\$1.00 PER ADDITIONAL LANE

LICENSE #:
DATE ISSUED:

NUMBER OF LANES: _____

PAID:

APPLICATION FOR BOWLING ALLEY LICENSE

BUSINESS NAME: _____

The undersigned _____, does hereby apply to the License Commissioner of the City of Syracuse, State of New York, for a Bowling Alley License, pursuant to the General Ordinances of the City of Syracuse.

PLEASE PRINT

Name of Applicant: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

Is the applicant a Corporation? _____

If yes, list its principal officers with their respective places residence, phone numbers and titles:

_____ Date of Birth _____

_____ Date of Birth _____

Is the applicant a Partnership, Association or Firm? _____

Conducting business under an assumed name? _____

If yes to either question, please list any partners with addresses and date of birth, or any assume names.

Name of Bowling Alley Manager: _____ Date of Birth: _____

Manager Address: _____ Phone: _____

INDEMNIFICATION STATEMENT

The applicant, upon issuance of a license, herein agrees to indemnify and save harmless the City of Syracuse, its agents, officers and employees thereof from all claims, suits or actions of every name or description brought against the City, its officers, employees or agents for or on account of bodily injuries, including death or damages to property, received or sustained, or alleged to be sustained by any person or persons arising out of the license issued herein.

(SIGNATURE OF APPLICANT)

(DATE)

(PLEASE PRINT NAME)

(NOTARY)