

CITY OF FULTON

NEW YORK

License Fee

\$ _____

APPLICATION FOR LICENSE

To the Mayor of the City of Fulton, New York:

Type of Application _____

Name of Applicant: _____

By: _____ Date of Birth _____
Firm

Residence: _____ Telephone: _____

Business Address: _____ Telephone: _____

If Applicable:
Motor Number _____ Owner's License No. _____

License to Expire: _____

Date: _____ Signature of Applicant _____

For Special Event Applications, please supply the following information:

If applicable, specific information concerning the use of tents and/or shelters of any kind at this event: _____

PLEASE NOTE: TENTS AND/OR SHELTERS TO BE USED FOR PUBLIC ASSEMBLY REQUIRE A PERMIT FROM THE FULTON FIRE DEPARTMENT. ALL TENTS AND SHELTERS ARE SUBJECT TO INSPECTION BY THE FULTON FIRE DEPARTMENT.

If applicable, specific information concerning bonfires and/or fireworks of any kind at this event: _____

Approval by Fire Chief, if required: _____

Special Conditions, if required:

Approval by Commission or Board, if required:

Name - Title - Commission or Board - Date
Name - Title - Commission or Board - Date
Name - Title - Commission or Board - Date

Approved: _____ Chief of Police

_____ Date

The Foregoing Application is hereby approved and the City Clerk is directed to issue a License to said Applicant upon payment of the required fee.

City License No. Issued _____

Mayor of the City of Fulton Date