



CITY OF CAMDEN  
 DEPARTMENT OF CODE ENFORCEMENT  
 BUREAU OF LICENSE & INPSECTIONS  
 CITY HALL – SUITE 220, P.O. BOX 95120  
 CAMDEN, NEW JERSEY 08101-5120  
 PHONE# (856) 757-7131 OR 7006

**L I C E N S E   A P P L I C A T I O N**

**ENTERTAINERS, MODELS, AND DANCERS LICENSE (MONTHLY \$16.00, ANNUALLY\$60.00)**

**BUSINESS NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**FULL NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SEX:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

**ARE YOU A UNITED STATES CITIZEN? YES [ ] NO [ ] (IF NO, PLEASE FURNISH COPY OF ALIEN REGISTRATION CARD, PASSPORT, ETC.)**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES [ ] NO [ ] (IF YES, WHAT OFFENSE?)**

\_\_\_\_\_  
 \_\_\_\_\_

**DATE OF CONVICTION?:** \_\_\_\_\_

**HAS APPLICANT EVER BEEN DENIED A LICENSE OR HAD LICENSE SUSPENDED OR REVOKED IN THE CITY OF CAMDEN OR ANY OTHER TOWNSHIP IN THE STATE OF NEW JERSEY?**

**YES [ ] NO [ ] IF YES, WHERE?** \_\_\_\_\_

**WHY?** \_\_\_\_\_

**DO YOU HAVE ANY OTHER BUSINESSES IN THE CITY OF CAMDEN OR ANY OTHER TOWNSHIP IN THE STATE OF NEW JERSEY?**

**YES [ ] NO [ ] IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_ **WHAT TYPE?:** \_\_\_\_\_

**DESCRIPTION OF BUSINESS OR ACTIVITY:** \_\_\_\_\_

**NAME AND ADDRESS OF APPLICANT’S EMPLOYER (IF YOU ARE WORKING FOR SOMEONE OTHER THAN YOURSELF).**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



**CITY OF CAMDEN**

**AFFIDAVIT**

**STATE OF NEW JERSEY  
COUNTY OF CAMDEN :SS  
CITY OF CAMDEN**

\_\_\_\_\_, **BEING DULY SWORN THAT HE/SHE IS THE INDIVIDUAL  
MAKING THE FORGOING APPLICATION FOR A \_\_\_\_\_ LICENSE AND THAT THE  
ANSWERS TO THE QUESTIONS CONTAINED THEREIN ARE TRUE.**

**SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**NEW JERSEY NOTARY PUBLIC**

**[SEAL]**

\_\_\_\_\_  
**APPLICANT**





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**INFORMATION REQUIRED WITH THE MERCANTILE LICENSE APPLICATION**

- 1. TWO [2] passport size [2x2] photographs of the applicant [NO SUBSTITUTES].**
- 2. Copy of a valid Driver's License or other proof of identification ie.,**
  - **Birth Certificate**
  - **A valid Passport [USA or Foreign]**
  - **Alien Registration Certificate**
- 3. Copy of Applicant's Social Security Card. If you do not have your card you may order a replacement from the Social Security Office. They will issue you a receipt, which we will accept.**

**LOCATION: 5 EXECUTIVE CAMPUS  
CHERRY HILL, NJ 08002  
1-800-772-1213**

**DIRECTION: TAKE 70 EAST, MAKE A LEFT ON CORNELL AVENUE (AT KING OF PIZZA BEFORE HOME DEPOT) AT THE TRAFFIC LIGHT MAKE A LEFT ONTO KING AVENUE AND THE SOCIAL SECURITY OFFICE IS ¼ MILE ON THE RIGHT.**
- 4. STATE SALES TAX CERTIFICATE OF AUTHORITY: issued by New Jersey Division of Taxation. You may contact their office at [856] 614-2600 for information regarding this certificate.**