



CITY OF CAMDEN
 DEPARTMENT OF CODE ENFORCEMENT
 BUREAU OF LICENSE & INSPECTIONS
 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

FOOD AND BEVERAGE VENDING LICENSE FEE PER YEAR (PLEASE ATTACHED SHEET)

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 FOOD AND BEVERAGE VENDING LICENSE APPLICATION

- 1. THREE [3] 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.**

**LICENSES AND BUSINESS REGULATIONS
CITY OF CAMDEN**

SCHEDULE OF FEES

**CODE
NUMBER**

BUSINESS

BI

FOOD AND BEVERAGE VENDING MACHINE (EACH LOCATION (CH.259)

FEE: \$40.00 per machine - \$14.38 each location

AFTER JANUARY 10, 2004

20% OF THE ANNUAL LICENSE FEE

AFTER JANUARY 30, 2004

30% OF THE ANNUAL LICENSE FEE

AFTER MARCH 1, 2004

35% OF THE ANNUAL LICENSE FEE

FOR OFFICAL USE ONLY

DATE RECORDED: _____ AMOUNT: _____ RECEIPT#: _____

LICENSE#: _____ [] CASH [] CHECK RECEIVED BY: _____