



**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

MERCANTILE LICENSE \$159.00 PER YEAR

BUSINESS NAME: _____ PHONE: _____ EMAIL: _____

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: _____

PROPERTY OWNERS NAME: _____

OWNER HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

**** EMERGENCY/NONWORKING HOURS CONTACT INFORMATION: (REQUIRED FOR APPROVAL)**

NAME	PHONE #	EMAIL

**** SECONDARY EMERGENCY/NONWORKING HOURS CONTACT INFORMATION: (REQUIRED FOR APPROVAL)**

NAME	PHONE #	EMAIL

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