



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

RETAIL FOOD LICENSE \$125.00 PER YEAR

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

FULL NAME OF APPLICANT: _____

APPLICANT'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **SS#** - ____ - ____

SEX: _____ **HEIGHT:** _____ **WEIGHT:** _____ **EYE COLOR:** _____

CORPORATE NAME: _____ **PHONE:** _____

CORPORATE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

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 RETAIL FOOD 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.**
- 5. YOU MUST HAVE ZONING APPROVAL BEFORE THE LICENSE CAN BE ISSUED.**

ROOM 430
- 6. PROOF OF OWNERSHIP OR LEASING OF THE SUBJECT PREMISES (COPY OF DEED/LEASE).**
- 7. A SATISFACTORY HEALTH CERTIFICATE (IF YOU ARE SELLING FOOD PRODUCTS) ISSUED BY THE CAMDEN COUNTY HEALTH DEPARTMENT. FOR INFORMATION REGARDING INSPECTION AND FEES, YOU MAY CONTACT THE HEALTH DEPARTMENT DIRECTLY AT (609) 374-6052.**