



CITY OF CAMDEN
 DEPARTMENT OF CODE ENFORCEMENT
 BUREAU OF LICENSE & INSPECTIONS
 PO BOX 95120, CITY HALL ROOM 220
 CAMDEN, NJ 08101-5120
 PHONE:(856) 757-7131 OR 7006 FAX: (856) 342-7168

AUTO REPAIR LICENSE APPLICATION

FEE: \$463.20

[\$100.00 NON-REFUNDABLE APPLICATION FEE DUE WHEN FILING, TO BE APPLIED TO THE LICENSE FEE WHEN APPROVED.]

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FULL NAME OF APPLICANT: _____

APPLICANT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY #: ____ / ____ / ____

SEX: [] MALE [] FEMALE HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

PROPERTY OWNER'S NAME: _____

PROPERTY'S OWNER ADDRESS: _____

ARE YOU A UNITED STATES CITIZEN? [] YES [] NO (IF NO, PLEASE FURNISH A COPY OF YOUR 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 A 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: _____

DESCRIPTION OF BUSINESS OR ACTIVITY: _____

 PRINT NAME

 SIGNATURE

 DATE

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
_____ AUTO REPAIR 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

INFORMATION REQUIRED WITH THE AUTO REPAIR LICENSE APPLICATION

1. TWO [2] PASSPORT SIZE [2X2] PHOTOGRAPHS OF THE APPLICANT [NO SUBSTITUTES].
2. ORIGINAL VALID DRIVER'S LICENSE OR OTHER PROOF OF IDENTIFICATION SUCH AS
 - ORIGINAL BIRTH CERTIFICATE OR CERTIFIED COPY
 - US PASSPORT [CURRENT OR EXPIRED, LESS THAN 3 YEARS]
 - ALIEN REGISTRATION CARD
 - COUNTY ID
 - MILITARY ID
 - CURRENT STATE DIGITAL DRIVER'S LICENSE OR ID
3. A COPY OF YOUR PAPERWORK, IF YOU ARE A CORPORATION, LLC OR PARTNERSHIP.
4. 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, N.J. 08002
PHONE NUMBER: 1-800-772-1213
DIRECTIONS: TAKE 70 EAST, MAKE A LEFT ON CORNELL AVENUE [AT KING OF PIZZA BEFORE THE HOME DEPOT] AT THE TRAFFIC LIGHT, MAKE A LEFT ONTO KING AVENUE. THE SOCIAL SECURITY OFFICE IS ¼ MILE ON THE RIGHT.
5. FINGERPRINTS: ALL APPLICANTS ARE REQUIRED TO BE FINGERPRINTED AND SUBMIT THE ATTACHED APPLICATION TO : MORPHO TRAK, 1873 ROUTE 70, ROOM 204 CHERRY HILL, N.J. 08034. MUST CALL IN ADVANCE TO SCHEDULE AN APPOINTMENT [877] 503-5981 OR ON THE WEB @ www.bioapplicant.com/nj FEE OF \$ 41.00, MUST BE PAID IN MONEY ORDER, CREDIT CARD, OR ELECTRONIC DEBIT, NO CASH
6. STATE SALES TAX CERTIFICATE OF AUTHORITY: ISSUED BY THE NEW JERSEY DIVISION OF TAXATION. YOU MAY CONTACT THEIR OFFICE AT [856] 614-2600 FOR INFORMATION REGARDING THIS CERTIFICATE.
7. YOU MUST HAVE ZONING APPROVAL BEFORE THE LICENSED CAN BE ISSUED, [CITY HALL, ROOM 224 [856] 757-7191].
8. PROOF OF OWNERSHIP OR LEASING OF THE SUBJECT PREMISES [COPY OF DEED OR LEASE].
9. A CERTIFICATE OF OCCUPANCY, OR CONTINUED CERTIFICATE OF OCCUPANCY IS REQUIRED. THIS MAY BE OBTAINED IN THE BUILDING BUREAU, ROOM 403 [856] 757-7032.

IF YOU HAVE A TOWTRUCK OR A FLATBED THIS ALSO MUST BE LICENSED, PLEASE INQUIRE.

ALL LICENSES EXPIRES THE 31ST OF DECEMBER AND MUST BE RENEWED PRIOR TO JANUARY 1ST OR THE FOLLOWING LATE FEES APPLY.

- AFTER JANUARY 10 - 20% OF THE LICENSE FEE PENALTY
- AFTER JANUARY 30 - 30% OF THE LICENSE FEE PENALTY
- AFTER MARCH 1 - 35% OF THE LICENSE FEE PENALTY