



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

RETAIL FOOD LICENSE APPLICATION

FEE: [DINERS, RESTAURANTS, CATERERS, DRIVE IN RESTAURANTS, = \$219.42]
 [LUNCHEONETTES, DELICATESSENS, TAVERNS/RESTAURANTS, TAKEOUT = \$172.50]

[\$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
_____RETAIL FOOD_____
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 RETAIL FOOD 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] 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.
- [6] YOU MUST HAVE ZONING APPROVAL BEFORE THE LICENSED CAN BE ISSUED, THE PLANNING DEPARTMENT IS LOCATED IN RM 224 ON THE 2ND FLOOR (856) 757-7191.
- [7] PROOF OF OWNERSHIP OR LEASING OF THE SUBJECT PREMISES (COPY OF DEED OR LEASE).
- [8] A CERTIFICATE OF OCCUPANCY, OR CONTINUED CERTIFICATE OF OCCUPANCY IS REQUIRED. THIS MAY BE OBTAINED FROM THE BUILDING BUREAU, ROOM 403 9856) 757-7032.
- [9] 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 @ (856) 374-6052.

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