



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

USED TIRE BUSINESS LICENSE APPLICATION

FEE: \$1,012.92

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

Business Info: Business Name: _____
 Address: _____ City: _____
 Phone: _____ Zip Code: _____ Phone: _____

Applicant's Info: Applicant's Name: _____
 Address: _____ City: _____
 Phone: _____ Zip Code: _____ Cell Phone: _____
 Date of Birth: _____ Social Security#: _____
 Sex: Male Female, Height: _____ Weight: _____ Eye Color: _____

Legal address: _____
 Are you a United States citizen? Yes No (If no, please furnish a copy of your Alien Registration, Passport, or any other legal document to confirm your legal status in the United States).
 Has applicant ever been convicted of a crime? Yes No If yes, please explain _____

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, please explain: _____

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: _____

Property Owner's Info: Name: _____
 Address: _____ City: _____
 Phone: _____ Zip Code: _____ Phone: _____

 APPLICANT NAME DATE SIGNATURE



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AFFIDAVIT

STATE OF NEW JERSEY
COUNTY OF CAMDEN : SS
CITY OF CAMDEN

_____, BEING DULY SWORN THAT
Applicant

HE/SHE IS THE INDIVIDUAL MAKING THE FORGOING APPLICATION FOR A

USED TIRE BUSINESS

_____ 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

CITY OF CAMDEN
DEPARTMENT OF CODE ENFORCEMENT
BUREAU OF LICENSE & INSPECTIONS
PO BOX 95120, CITY HALL ROOM 220
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BRIEFLY DESCRIBE WHAT YOUR BUSINESS WILL ENTAIL OR BUSINESS SERVICE:

WHERE YOU PROPERLY DISPOSE OF YOUR TIRES

Name: _____

Address: _____

Phone: _____

PLEASE NOTE: THIS FORM MUST BE FILLED OUT ALONG WITH THE APPLICATION OR YOUR APPLICATION WILL NOT BE ACCEPTED.



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INFORMATION REQUIRED WITH THE USED TIRE BUSINESS LICENSE APPLICATION

1. Two passport size [2x2] photos of the applicant [no substitutes].
2. Original valid driver's license or other proof of identification. Some acceptable documents are listed below.
 - Original birth certificate or certified copy
 - US passport [current or expired, less than three years]
 - Alien registration card
 - County ID
 - Military ID
 - Current State digital driver's license or ID
3. If you are a corporation, LLC, or partnership please submit a copy of your paperwork.
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 a receipt, which we will accept.
Location: 5 Executive Campus, Cherry Hill New Jersey 08002
Phone: 1-800-772-1213
Directions: Take 70 East, make a left on Cornell Ave [at King of Pizza, before 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.
Please call the number on the fingerprint sheet attached to this application to Schedule your appointment.
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.
8. Zoning approval before the license can be issued. The Planning department is located on the 2nd floor, room 224, [856] 757-7191.
9. Proof of ownership or leasing of the subject premise [deed or lease].
AFTER ZONING APPROVAL HAS BEEN OBTAINED
10. Take your zoning approval letter to the Building Bureau located on the 4th floor, room 403 and file [\$264.00] for a **Continued Certificate of Occupancy**. You will be given an initial inspection date
11. Take your \$264 receipt from the Building Bureau to the 2nd floor of the Fire Administration Building, located at 4 North 3rd Street (3rd & Federal Sts.). See Blanca Aponte or Ralph Slater (856) 757-7520 or 7514 where you will schedule an **Annual Fire Inspection**. The fee is calculated as follows:
\$25 processing fee + an amount calculated on the square footage of your business, minus \$64 upon presentation of your paid \$264 receipt from the Building Bureau.
IF YOU HAVE A TOWTRUCK OR FLATBED IT MUST ALSO BE LICENSED. PLEASE INQUIRE.

(1) Originating Agency Number (ORI #) NJPRR0000		(2) Category PRE	(3) Statute Number 13:59-1		
(4) Reason for Fingerprinting PERSONAL RECORD EMPLOYEE			(5) Document Type S1	(6) Payment Information \$40.00	
(7) Contributor's Case # (Unique Identifier) EMPLOYEE			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
Identification Requirement - Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ this form carefully and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** you **present** this completed Universal Fingerprint Form, IDG_NJAPP_110113, at your scheduled appointment.

Appointment Scheduling:
Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:
When an Applicant is responsible for payment, Payment is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Money Order is the only form of payment accepted at the enrollment center.

Cancel/ Reschedule:
Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:
An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper identification; Inability to present this completed Universal Fingerprint Form IDG_NJAPP_110113; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:
Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM