



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

FLEA MARKET OWNER APPLICATION

FEE: \$463.68 + \$22.08 PER SPACE

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

Business Info; Business Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Applicant's Info; Applicant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____

Date of Birth: _____ Social Security#: _____

Sex: Male Female, Height: _____ Weight: _____ Eye Color: _____

Email 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: _____

State: _____ Zip Code: _____ Phone: _____

PRINT NAME
Applicant

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
FLEA MARKET OWNER

_____ 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
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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:**

**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 FLEA MARKET OWNER 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. You must have Zoning approval before the license can be issued. The Planning department is located on the 2nd floor, room 224, [856] 757-7191.
8. Proof of ownership or leasing of the subject premise [deed or lease].

AFTER ZONING APPROVAL HAS BEEN OBTAINED
9. 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.
10. 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.

| | | | | | |
|---|---|--|--|---|-------------|
| (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) [] Female [] Male [] Both | (22) Hair Color | (23) Eye Color | (24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [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 <u>time of printing</u> . 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

IDG_NJAPP_110113