



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

**SOLICITOR LICENSE APPLICATION**

**FEE: WITH VEHICLE = \$329.82, AND WITHOUT VEHICLE = \$165.60**

**LIMIT OF SIX [ 6 ] SOLICITORS**

**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: \_\_\_\_\_

- Are you a United States citizen?  Yes  No (If not, please furnish a copy of your Alien Registration, Passport, or any other document to confirm your legal status in the United States).
- 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 describe the business or activity below:

If you are working for someone other than yourself, please provide:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell 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

**SOLICITOR**

\_\_\_\_\_ 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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**BRIEFLY DESCRIBE WHAT YOUR BUSINESS WILL ENTAIL OR BUSINESS SERVICE:**

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**PLEASE LIST THE NAME OF EACH SOLICITOR**

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**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 SOLICITOR 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. Applicant's social security card, if you do not have your card, you may order a replacement card 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.

1. Fingerprints: All applicants are required to be fingerprinted.  
Please call the number on the fingerprint sheet attached to this application to Schedule your appointment.
2. 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.
3. [If applicable], Three [3] photographs of the vehicle [front, side, rear], and a copy of the registration and insurance.

**ALL LICENSES EXPIRE DECEMBER 31<sup>ST</sup> AND MUST BE RENEWED PRIOR TO JANUARY 1<sup>ST</sup> TO AVOID LATE FEES.**

(1) Originating Agency Number (ORI #) <b>NJPRR0000</b>		(2) Category <b>PRE</b>	(3) Statute Number <b>13:59-1</b>		
(4) Reason for Fingerprinting <b>PERSONAL RECORD EMPLOYEE</b>			(5) Document Type <b>S1</b>	(6) Payment Information <b>\$40.00</b>	
(7) Contributor's Case # (Unique Identifier) <b>EMPLOYEE</b>			(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
<p><b>Identification Requirement</b> - 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).</p>					

**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](http://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**