



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

HEALTH CLUB LICENSE APPLICATION

FEE : \$1,095.72

[\$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

Health Club

_____ 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
CAMDEN, NJ 08101-5120
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INFORMATION REQUIRED WITH THE HEALTH CLUB 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. 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 license can be issued. The Planning department is located on the 2nd floor, room 224 [856] 757-7191.
7. Proof of ownership or leasing of the subject premise [deed or lease].

AFTER ZONING APPROVAL HAS BEEN OBTAINED

8. 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.
9. 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