

## 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

## **AUTO REPAIR LICENSE APPLICATION**

**FEE:** \$462.30

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#: XXX-XX*  * Please provide only the last four digits*							
Sex: [] Male [] Female,	Height:		Eye Color:					
<ul> <li>Email address:         <ul> <li>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).</li> <li>Has applicant ever been convicted of a crime? [] Yes [] No If yes, please explain</li></ul></li></ul>								
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					

## **AFFIDAVIT**

**APPLICANT** 

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.

## INFORMATION REQUIRED WITH THE AUTO REPAIR 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.

Phone: 1-800-772-1213

- **5. Deed or lease** for the business premise.
- 6. State Sales Tax Certificate of Authority;

Phone: (609) 292-6400

Website: https://www.state.nj.us/treasury/taxation/contact.shtml

- **7.** Business Insurance: All business applicants are required to submit proof of business insurance with a coverage of at least \$500,000. The address of the business (within the city of Camden) must also be noted on the insurance.
- **8.** <u>Fingerprints:</u> All applicants are required to be fingerprinted with the state of New Jersey. The website to apply for your fingerprint is

https://www.njsp.org/criminal-history-records/index.shtml.

Service Code = 2F1BH1(notarized)

Contributor Case number = EMPLOYEE

- **9.** You must have **Zoning Approval** before the license can be issued. The Planning Department is located on the 2<sup>nd</sup> floor (City Hall), room 224 (856) 757-7191
- **10.** AFTER ZONING APPROVAL HAS BEEN OBTAINED

Take your zoning approval letter to the Building Bureau on the 4<sup>th</sup> Floor, room 403 (City Hall) (856) 757-7032.

IF YOU HAVE A TOWTRUCK OR FLATBED, IT MUST ALSO BE LICENSED. PLEASE INQUIRE.