



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 WITH GAS STATION LICENSE APPLICATION**

**FEE : \$110.40**

**Business Info;** Business Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Owner's Info;** 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: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**  
*Applicant*

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**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  
AUTO REPAIR WITH GAS STATION  
\_\_\_\_\_ 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



**INFORMATION REQUIRED WITH THE AUTO REPAIR WITH GAS STATION  
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.** **Fingerprints:** All applicants are required to be fingerprinted. The website to apply for your fingerprinting 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 in room 224 (City Hall). Their phone number is (856) 757-7191.  
**AFTER ZONING APPROVAL HAS BEEN OBTAINED**
- 10.** Take your zoning approval letter to the Building Bureau located on the 4<sup>th</sup> floor in room 403 and file for a **Continued Certificate of Occupancy**.

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