

# 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

# **PARKING LOT LICENSE APPLICATION**

FEE: [1 TO 10 VEHICLES] = \$66.24, [11 TO 15 VEHICLES] = \$197.34, [16 TO 20 VEHICLES] = \$263.58 [21 TO 45 VEHICLES] = \$460.92 [46 TO 70 VEHICLES] = \$920.46 [71 TO 99 VEHICLES] = \$1,302.72 [100 VEHICLES OR MORE, INCLUSIVE] = \$1,347.60 Number of spaces\_\_\_\_\_

Business Info: Business	Name:						
Address:		City:					
State:	Zip Code:	Phone:					
Applicant's Info: Appli	cant's Name:						
Address:		City:					
State:	Zip Code:	Cell Phone:					
Date of Birth:		Social Security#: xxx-xx					
Email address:	* Please provide only the last four digits*						
	en denied a license or had a liceny? [] Yes [] No If yes, please	se suspended or revoked in the city of Camden or any other to explain:	ownship in				
		n or any other township in the state of New Jersey?					
Property Owner's Info	: Name:						
Address:		City:					
State:	Zip Code:	Phone:					
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 **PARKING LOT** LICENSE AND THAT THE ANSWERS TO THE QUESTIONS CONTAINED THEREIN ARE TRUE. SWORN AND SUBSCRIBED BEFORE ME THIS\_\_\_\_\_ DAY OF NEW JERSEY NOTARY PUBLIC [SEAL]

**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 PARKING LOT LICENSE APPLICATION

- **1.** 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.** 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) in room 224 (856) 757-7191.

## AFTER ZONING APPROVAL HAS BEEN OBTAINED

**9. CCO approval**; Take your zoning approval letter to the Building Bureau located on the 4<sup>th</sup> floor in room 403 (City Hall) (856) 757-7032, and file for a **Continued Certificate of Occupancy**. You will be given an initial inspection date.