



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

POSTING AND DISTRIBUTION LICENSE APPLICATION

FEE : \$110.40, Each distributor limited to 6 = **\$22.08**

Number of distributors: _____

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-_____

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

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
POSTING AND DISTRIBUTION

_____ 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 FOR THE POSTING AND DISTRIBUTION LICENSE

- 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. State Sales Tax Certificate of Authority:**
Phone: (609) 292-6400
Website: <https://www.state.nj.us/treasury/taxation/contact.shtml>