



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

RETAIL FOOD LICENSE APPLICATION

FEE: Luncheonettes, delicatessens, taverns/restaurants, takeout = **\$172.50**
 Diners, restaurants, caterers, drive-ins, restaurants (16 or more seats) = **\$219.42**

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**

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

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
RETAIL FOOD

_____ 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

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 RETAIL FOOD 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. Phone: 1-800-772-1213
- 5.** **Deed or lease** of the premise
- 6.** A **satisfactory health certificate** issued by the Camden County Health Department. For inspection regarding inspections and fees, you may contact them at [856] 374-6052.
- 7.** **State Sales Tax Certificate of Authority;**
Phone: (609) 292-6400
Website: <https://www.state.nj.us/treasury/taxation/contact.shtml>
- 8. 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.
- 9.** You must have **zoning approval** before the license can be issued. The Planning Department is located on the 2nd floor (City Hall), room 224, (856) 757-7191.

AFTER ZONING APPROVAL HAS BEEN OBTAINED

- 10. CCO approval;** Take your zoning approval letter to the Building Bureau located on the 4th 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.