



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

SOLICITOR LICENSE APPLICATION

FEE: WITH VEHICLE = **\$329.82**, AND WITHOUT VEHICLE = **\$165.60**

LIMIT TO 6 DISTRIBUTORS

***Please note that ALL solicitors are required to submit an application with the fingerprinting form. ***

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**

- Are you a United States citizen? Yes No (If not, please furnish a copy of your Alien Registration, Passport, or any other document to confirm your legal status in the United States).
- 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 describe the business or activity below:

If you are working for someone other than yourself, please provide:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____

PRINT NAME

DATE

SIGNATURE

Applicant

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
SOLICITOR**

_____ 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]

INFORMATION REQUIRED WITH THE SOLICITOR 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.** Applicant's **social security card**, if you do not have your card, you may order a replacement card from the Social Security office. They will issue a receipt, which we will accept.
Phone: 1-800-772-1213
- 4. 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
- 5. State Sales Tax Certificate of Authority:**
Phone: (609) 292-6400
Website: <https://www.state.nj.us/treasury/taxation/contact.shtml>.
- 6.**[If applicable], Three [3] **photographs** of the vehicle [front, side, rear], and a copy of the registration and insurance.