



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

TOWING LICENSE APPLICATION

FEE : tow truck = \$231.84, Flatbed = \$329.82

Flatbed

Towtruck

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
TOWING
_____ 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 TOWING 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.** 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
- 6. State Sales Tax Certificate of Authority:**
Phone: (609) 292-6400
Website: <https://www.state.nj.us/treasury/taxation/contact.shtml>
- 7. Insurance and registration:** for the vehicle(s) being licensed.
- 8. Three pictures of the vehicle(s) [front, side, rear], and registration and Insurance cards for the vehicle(s).**