

## Arcade License

### INFORMATION REQUIRED WITH THE ARCADE LICENSE APPLICATION

- [1] TWO (2) PASSPORT SIZE (2X2) PHOTOGRAPHS OF THE APPLICANT (NO SUBSTITUTES).
- [2] ORIGINAL VALID DRIVER'S LICENSE OR OTHER PROOF OF IDENTIFICATION SUCH AS:
- ORIGINAL BIRTH CERTIFICATE OR CERTIFIED COPY
  - US PASSPORT (CURRENT OR EXPIRED, LESS THAN 3 YEARS)
  - ALIEN REGISTRATION CARD
  - COUNTY ID
  - MILITARY ID
  - CURRENT STATE DIGITAL DRIVER'S LICENSE OR ID
- [3] A COPY OF YOUR PAPERWORK, IF YOU ARE A CORPORATION, LLC OR PARTNERSHIP.
- [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 YOU A RECEIPT, WHICH WE WILL ACCEPT).
- |                      |   |
|----------------------|---|
| <u>LOCATION:</u>     | 5 EXECUTIVE CAMPUS, CHERRY HILL, N.J. 08002   |
| <u>PHONE NUMBER:</u> | 1-800-772-1213  |
| <u>DIRECTIONS:</u>   | TAKE 70 EAST, MAKE A LEFT ON CORNELL AVENUE (AT KING OF PIZZA BEFORE THE HOME DEPOT) AT THE TRAFFIC LIGHT, MAKE A LEFT ONTO KING AVENUE. THE SOCIAL SECURITY OFFICE IS ¼ MILE ON THE RIGHT. |
- [5] STATE SALES TAX CERTIFICATE OF AUTHORITY: ISSUED BY THE NEW JERSEY DIVISION OF TAXATION. YOU MAY CONTACT THEIR OFFICE AT (856) 614-2600 FOR INFORMATION REGARDING THIS CERTIFICATE.
- [6] YOU MUST HAVE ZONING APPROVAL BEFORE THE LICENSED CAN BE ISSUED, THE PLANNING DEPARTMENT IS LOCATED IN RM 224 ON THE 2ND FLOOR (856) 757-7191.
- [7] PROOF OF OWNERSHIP OR LEASING OF THE SUBJECT PREMISES (COPY OF DEED OR LEASE).
- [8] A CERTIFICATE OF OCCUPANCY, OR CONTINUED CERTIFICATE OF OCCUPANCY IS REQUIRED. THIS MAY BE OBTAINED FROM THE BUILDING BUREAU, ROOM 403 (9856) 757-7032.

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ALL LICENSES EXPIRES THE 31<sup>ST</sup> OF DECEMBER AND MUST BE RENEWED PRIOR TO JANUARY 1<sup>ST</sup> OR THE FOLLOWING LATE FEES APPLY.

- AFTER JANUARY 10 - 20% OF THE LICENSE FEE PENALTY
- AFTER JANUARY 30 - 30% OF THE LICENSE FEE PENALTY
- AFTER MARCH 1 - 35% OF THE LICENSE FEE PENALTY



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

**ARCADE LICENSE APPLICATION**

**FEE: [1,095.60]**

**[\$100.00 NON-REFUNDABLE APPLICATION FEE DUE WHEN FILING, TO BE APPLIED TO THE LICENSE FEE WHEN APPROVED.]**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**FULL NAME OF APPLICANT:** \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SEX:**  MALE  FEMALE **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

**PROPERTY'S OWNER ADDRESS:** \_\_\_\_\_

**ARE YOU A UNITED STATES CITIZEN?**  YES  NO (IF NO, PLEASE FURNISH A COPY OF YOUR ALIEN REGISTRATION CARD, PASSPORT, ETC.)

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  YES  NO (IF YES, WHAT OFFENSE?)

**DATE OF CONVICTION:** \_\_\_\_\_

**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, WHERE? \_\_\_\_\_

**WHY?** \_\_\_\_\_

**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: \_\_\_\_\_

**DESCRIPTION OF BUSINESS OR ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**AFFIDAVIT**

**STATE OF NEW JERSEY  
COUNTY OF CAMDEN : SS  
CITY OF CAMDEN**

\_\_\_\_\_, BEING DULY SWORN THAT  
HE/SHE IS THE INDIVIDUAL MAKING THE FORGOING APPLICATION FOR A  
\_\_\_\_\_ARCADE\_\_\_\_\_ 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**

