



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 ext. 5014

STATE OF NEW JERSEY

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Raymond P. Martinez
Chairman and Chief Administrator

Announcement All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning December 1, 2016; BLS will discontinue the practice of requiring an up-front license and registration payment (excluding application fees) with the submission of an initial business license application for the following license privileges:

- New and Used Car Dealers
- Special Category Registration and Plates
- Auto Body Shops
- Driving Schools
- Inspection and Emission Repair Facilities

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

A notification requesting payment of the license and registration fees along with proof of insurance and bond requirements will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. The wall license and license plates, if applicable, will be mailed to the licensed location once your payment is processed.

Your compliance with this policy is greatly appreciated. For further information on the initial licensing process, call 609 292-6500 x5014.

Note: Applicants for Auto Body and Private Inspection Facilities licenses must submit a \$20.00 application fee with their initial license application.

STATE OF NEW JERSEY

To process your recent request to obtain boat dealer registrations, we need the following:

- Initial application must be completed
- ~~#####~~ Municipal approval certificate for business license
- Two photographs showing your building and sign
- Notarized statement on your letterhead stating you will not use the dealer registrations for pleasure purposes and that you are not becoming a dealer to avoid payment of sales tax. The statement must also contain an estimate of how many new and used boats you expect to sell in a year
- Copy of a certificate of authority issued by the Division of Taxation. To obtain this certificate and a 9-digit sales tax number call (609) 292-6400
- If your business is a corporation, please submit corporation papers
- If your business is a LLC, please submit the formation papers
- Certificate of Insurance which reflects yacht dealer liability coverage for demonstration and test rides covering all owned boats
- The certificate must read:
 - Motor Vehicle Commission
Business Licensing Services Bureau
PO Box 171 Trenton, NJ 08666
- Color photographs of owner, partners, officers, or members

Upon receipt of these items, an investigation of the business will be set up. The fee for issuance of four boat dealer registrations and decals is \$75.00. A notification requesting payment for the registrations and decals will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable.

Enclosed, for your convenience, is a return envelope.

Business Licensing Services Bureau

STATE OF NEW JERSEY

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

_____ Date

Reg. No. _____

_____ Email

Approved by _____

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code _____

1. _____
Name of Business (if corporation, corporate name)

_____ Business phone

_____ Trade Name

2. Please Check

Corporation Partnership Proprietorship

Other _____

_____ Street Address

3. Please Check appropriate Box for License:

_____ City _____ Zip Code _____ County _____

Leasing Company

New & Used Motor Vehicle Dealer

Driving School

Auto Body Repair Facility

Moped Dealer

Used Motor Vehicle Dealer

Private Inspection Facility

Fleet Inspection Facility

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____

B. NJ Unemployment Registration Number _____

C. Federal Employer Identification Number _____

4. Complete the following for proprietor, partners, or corporate officers:

Other _____

Name	Title	Home Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

Yes if yes, explain:

No

6 Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

Yes _____

No Give name and address of person _____

7 Have the owners, partners or corporate officers ever held any of the above licenses?

- Yes If yes, please explain the type of license and license numbers _____
- No

8. Was the license ever suspended or revoked?

- Yes If yes, explain:
- No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

- Yes If yes, explain:
- No

10. Does any stockholder own more than 10% of the corporation's stock?

- Yes If yes, give name, address and holding
- No

11 _____
 Place of Incorporation/Formation

Date of Incorporation/Formation

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate/formation papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I _____ of the above business previously named _____
Owner, Partner, Officer, Member

and that the information I have submitted is true to the best of my knowledge.

 Print Name of Applicant

 Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary/Member/Partner of the above Corporation and have witnessed the signature of _____
 who is _____ of said corporation.
President, Vice-President or Member

 Signature of Secretary/Member/Partner

**STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
P.O. BOX 172
TRENTON, NEW JERSEY 08666-0172**

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant Information

Applicant Name: _____ Title _____
Business Name: _____ Business Phone: _____
Street Address (include suite #) _____
City _____ Zip _____

Approval Classification of Applicant

A. Please check appropriate box:

- Initial
- Change of Address
- Branch Location
- Existing Facility Zoning Compliance**

B. Please check appropriate type of license:

- Boat Dealer
- Driving School
- Used Motor Vehicle Dealer
- New & Used Motor Vehicle Dealer (**Please specify type of vehicle**)

- Leasing Company
- Moped Dealer
- PIF/PIM

- Auto Body Facility (Check all that apply)**
 - _____ Full Service Auto Body
 - _____ Limited Full Service Auto Body
 - _____ Sublet Auto Body (new car dealer)
 - _____ Heavy Duty Vehicle Endorsement

Municipal Zoning Official Certification

I, _____, Clerk of the Municipality of _____,
County of _____, State of New Jersey, hereby certify that the Municipal Governing
Body or Zoning Commission has approved the location, establishment and maintenance of the above indicated business
located at: _____
(Complete Address)

Please check appropriate box:

- Site was visited by a Zoning Official/ Municipal Representative prior to approval
- Site was not visited by a Zoning Official/ Municipal Representative prior to approval

Please specify any stipulations of your zoning approval: _____

Municipal
Seal

Signature of Municipal or Zoning Board Clerk

Date

Print Name

Contact Number

**BUSINESS LICENSING SERVICES BUREAU
SUPPLEMENTARY APPLICATION**

PLEASE PRINT

BUSINESS NAME			BUSINESS PHONE NUMBER		
1. FULL NAME (Including Middle and Suffix, if any)					
2. STREET ADDRESS					
3. CITY		4. STATE		5. ZIP CODE	6. COUNTY
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				8. HOME PHONE NUMBER	
9. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU HAVE LIVED, AND HOW LONG YOU LIVED IN EACH.					
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)		
12. SEX	13. HEIGHT		14. WEIGHT		15. COLOR OF EYES
16. SOCIAL SECURITY NUMBER*				17. DRIVER LICENSE NUMBER	
<p>*You <u>must</u> disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.</p> <p>Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.7a</u>, and <u>N.J.S.A. 2A:17-56.8 et seq.</u> of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your social security number. Pursuant to these authorities, the licensing agency is also obligated to provide your social security number to:</p> <ul style="list-style-type: none"> a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; <u>and</u> b. the Probation Division or any other agency responsible for child support enforcement, upon request 					
<p>18. HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE AND/OR VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE</p>					
<p>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>					
SIGNATURE: _____				DATE: _____	



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, Partner, Officer or Member _____

Date _____