



# **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.*

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STATE OF NEW JERSEY

Enclosed are applications and supplemental forms necessary to apply for a motor vehicle leasing license. If you lease vehicles for a period of 120 days or more you must be licensed.

Each applicant for a motor vehicle leasing license shall have established and maintained a place of business at the time such license is issued. An established place of business must have an exterior sign and be in conformance with all municipal requirements. No license approval will be granted when the applicant intends to use the premises of a currently licensed dealer or the premises of the proprietor of an allied business.

A licensed motor vehicle leasing firm is restricted to the leasing of motor vehicles and may only sell leased vehicles to the vehicle lessee, a family member of the lessee, an employee of the lessee or at wholesale to another dealer.

When all investigations are concluded and the applicant approved, a certified check or money order will be requested, as well as a current insurance certificate reflecting liability coverage in the minimum amounts of \$100,000/\$250,000 bodily injury and \$25,000 property damage for all owned or fleet vehicles. Such insurance certificate must contain a 30-day cancellation clause.

In addition to the above, the leasing company must provide a surety bond in favor of the State of New Jersey in the amount of \$10,000. The bond must be executed by a surety company authorized to transact business in the State. The bond must be for a 12-month term and must be renewed at expiration for successive 12-month periods.

The fee for the license is \$100 plus an additional fee of \$257.50 for one set of registrations and five license plates. 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.

If you have any questions, please call (609) 292-6500 ext.5014 or e-mail us at [mvcblscorrespondence@dot.state.nj.us](mailto:mvcblscorrespondence@dot.state.nj.us).

Thank you for your cooperation in this endeavor.

Business Licensing Services Bureau

(Rev. 11/16)

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**STATE OF NEW JERSEY**  
Business Licensing Services Bureau  
P.O. Box 171  
Trenton, New Jersey 08666-0171

**NOTICE**

**MOTOR VEHICLE INSTALLMENT SELLERS LICENSE**

All licensed motor vehicle dealers who sell motor vehicles to retail buyers and who wish to execute retail installment contracts in connection with such sales shall be required to obtain a motor vehicle installment seller's license from the Commissioner of the Department of Banking.

Failure to obtain the required motor vehicle installment seller's license from the Commissioner of Banking before engaging in such business shall subject you to penalties provided by the Retail Installment Sales Act of 1960, N.J.S.A. 17:16C et.seq.

Additional information regarding this New Jersey statute and the application form to be used in applying for a motor vehicle installment seller's license must be obtained from:

**License Section  
N.J. Department of Banking  
P.O. Box 040  
Trenton, NJ 08625-0040  
609-292-5340**

NOTE: Applications for this license should be obtained as soon as possible. Timely filing and license issuance will ensure your ability to discount contracts to your financial institution or licensed sales finance lender.

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 \_\_\_\_\_ Give name and address of person

No \_\_\_\_\_

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*  <small>*You <u>must</u> disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.          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:          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</small>				17. DRIVER LICENSE NUMBER	
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					
<b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>					
SIGNATURE: _____				DATE: _____	

STATE OF NEW JERSEY

Dealer Certification of Licensed Location Type and Proper Walls

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_  
Suite/ Floor / Section: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check the appropriate box below that best describes your dealership's proposed licensed location and return to the Commission with the documentation indicated in each choice.

**LOCATION TYPE "A"**

Located in a building where there is a single business or multiple businesses with a single common identity of ownership.

**LOCATION TYPE "B"**

Located in a building that contains one or more business entities and a New Jersey motor vehicle dealer had a valid license in this multi-unit facility as of March 6, 2006 and:

The interior walls of the dealership are separate and independent from any wall of any other licensed dealership or other business occupying the same building. The building also has a fire suppression system that has been approved by the local building code official (or State DCA) for the applicant's facility.  
You must also submit a separate certification from the municipal building official or a licensed professional architect attesting to the type of walls. The certification must include this statement:

**"The building has a fire suppression system that has been approved by the local building code official (or State DCA) for the applicant's facility, interior walls, each of which must be constructed separately and independently from any other wall of any other proposed or licensed dealership or other business occupying the same premises."**

**OR**

The interior walls of the dealership are firewalls as defined by the International Building Code, where no other approved fire suppression system exists;  
You must also submit a separate certification from the municipal building official or a licensed professional architect attesting to the type of walls. The certification must include this statement:

**"The wall meets all requirements and is deemed to be a firewall as described in the current International Building Code-New Jersey edition Chapter 7, section 706, subsections 1 through 11."**

**LOCATION TYPE "C"**

Located in a building that contains one or more business entities and a New Jersey motor vehicle dealer did not have a valid license in this multi-unit facility as of March 6, 2006.  
You must also submit a separate certification from the municipal building official or a licensed professional architect attesting to the type of walls. The certification must include this statement:

**"The wall meets all requirements and is deemed to be a firewall as described in the current International Building Code-New Jersey edition Chapter 7, section 706, subsections 1 through 11."**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are false, I am subject to punishment.

\_\_\_\_\_  
Dealer Owner/Principal Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dealer Owner/Principal Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF NEW JERSEY  
Business Licensing Services Bureau**CHILD SUPPORT CERTIFICATION FORM**\_\_\_\_\_  
Business Name\_\_\_\_\_  
Applicant's Name (Print)\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Social Security Number

\*You *must* disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a, N.J.S.A. 2A:17-56.60 et seq. of 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:

- 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;  
and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation?  Yes  No
  
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months?  Yes  No
  
3. Are you subject to a child-support warrant?  Yes  No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

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## Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC, as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 172, Trenton, NJ 08666-0172  
-292-6500 ext. 5014  
mvcbcls correspondence@dot.state.nj.us

STATE OF NEW JERSEY

## Fingerprint Request Notification Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the following information for all persons identified in the initial business application ( all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)**

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Copy and submit additional sheets if needed



# 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 \_\_\_\_\_



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 170, Trenton, NJ 08666-0170  
(609) 292-6500 ext. 5014  
blsmvcprocessing@mvc.nj.gov

## MVC DEALER CERTIFICATION / SIGNATURE CARD

The undersigned licensee hereby authorizes the person(s) whose signature appear below to act as authorized signatory as set forth in N.J.A.C. 13:21-15.1

<b>SIGNATORY # 1</b>	NAME (PRINT IN FULL)		NJDL # QT'EQNQT'RI QVQ	
	ADDRESS	CITY		STATE/ZIP
	HOME TELEPHONE NUMBER			
	SIGNATURE			
<b>TITLE:</b> <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest				
I, _____, am signing above as an authorized signatory of _____ (business). I hereby certify that I have never been convicted of a crime arising out of fraud or misrepresentation nor have I previously held a license issued by the MVC Chief Administrator or the Commission that was revoked and not reissued.				
<b>Signature:</b> _____				<b>Date:</b> _____

<b>SIGNATORY # 2</b>	NAME (PRINT IN FULL)		NJDL # QT'EQNQT'RI QVQ	
	ADDRESS	CITY		STATE/ZIP
	HOME TELEPHONE NUMBER			
	SIGNATURE			
<b>TITLE:</b> <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest				
I, _____, am signing above as an authorized signatory of _____ (business). I hereby certify that I have never been convicted of a crime arising out of fraud or misrepresentation nor have I previously held a license issued by the MVC Chief Administrator or the Commission which was revoked and not reissued.				
<b>Signature:</b> _____				<b>Date:</b> _____

Signatories must submit a color passport size photo of themselves or a clear color copy of their state driver license or non-driver ID card. If you have a New Jersey driver license or non-driver ID card, you may write your driver license number in the space provided above in lieu of a photo.

Pursuant to N.J.S.A. 39:10-19 et seq. and N.J.A.C. 13:21-15.5(a) 4 and (a) 7, the Chief Administrator may deny an application for a license, revoke or suspend a license after it has been granted, or issue a cease and desist order to a licensee or to an unlicensed person or entity engaged in activities for which a license is required if:

- One or more of the partners, officers, directors, other controlling persons, or employees or agent of the licensee or applicant previously held a license issued under the authority of the former Division of Motor Vehicles or the Commission, which license was revoked for cause and never reissued or was suspended for cause and terms of suspension have not been satisfied, or have willfully violated a cease and desist order issued by the Chief Administrator.
- The licensee or applicant knew or should have known that any employee, partner, officer, director, owner of a controlling interest or agent of the licensee or applicant is an individual who has been convicted of a crime arising out of fraud or misrepresentation or previously held a license issued by the Director of the former Division of Motor Vehicles or the Commission, which license was suspended or revoked for cause and not reissued.

Signature card(s) must be filed for all persons authorized to act on behalf of the dealer. If you authorize any other person not listed above to execute documents or if you revoke such authority of any person listed above, you must notify the Business Licensing Services Bureau immediately and re-submit a current signature card(s) covering all persons having authority to execute documents on behalf of the dealership. All signature cards prior to the most current are invalid.

*I certify that the above-named individual(s), authorized as signatories for \_\_\_\_\_, are current employees and were not hired or contracted as independent contractors. I have read the above in its entirety and certify that all of the information included herein is true to the best of my knowledge. I am aware that if any of this information is willfully false, I am subject to punishment.*

**Business Name (Print in full):** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Licensee Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Owner, Partner or Corporate Officer)**