



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

PLEASE READ CAREFULLY

Enclosed are applications and supplemental forms necessary to apply for a new and used motor vehicle dealer license. If you are engaged in the business of buying, selling or dealing in motor vehicles, you must be licensed.

Each applicant for a motor vehicle or moped 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, facilities to display vehicles offered for sale, 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 dealer can also deal in mopeds and leased vehicles with no additional endorsement. A licensed moped dealer is restricted to moped sales only.

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

In addition to the above, the "dealer" 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, or \$77.00 for one set of motorcycle registrations and three 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 mvcbllscorrespondence@mvc.nj.gov. Thank you for your cooperation in this endeavor.

Sincerely,

Business Licensing Services Bureau



NEW JERSEY DEALER INITIAL APPLICATION CHECKLIST

In order to insure prompt processing of your Dealer License Application, please submit all items checked!

- License application and municipal approval.
- Supplemental application for each owner, partner(s), officer(s) or member(s).
- Child support certification for each owner, partner(s), officer(s) or member(s).
- Fingerprint Request Notification Form.
- Copy of the driver license of the owner, partner(s), officer(s) or member(s).
- Passport size color photograph of the owner, partner(s), officer(s) or member(s) – (please identify the individual on the reverse side of the picture).
- Copy of Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue.
- Copy of Alternate/Fictitious Name Filing Certificate (if applicable).
- Copy of property deed or lease.
- Business hour(s) (if open less than 48 hours).
- Copy of Federal EIN Registration Certificate.
- Copy of NJ Certificate of Authority for Sales Tax.
- Original \$10,000.00 Surety Bond (copy not acceptable). **Due after preliminary license approval.**
- Original Certificate of Liability Insurance in the amount of \$100,000 per person/incident up to \$250,000 per incident for bodily injury or death, \$25,000 per incident for property damage and \$250,000 combined personal injury and property damage per incident covering all dealer plates and the NJ MVC-Dealer Unit, PO Box 171, Trenton 08666 listed as the certificate holder. **Due after preliminary license approval.**
- Listing of authorized signatories (those authorized to sign Motor Vehicle documents on behalf of the dealership).
- Photographs/plans clearly depicting the complete premises and signage which the dealer intends to conduct business.
- Certification which verifies that those listed as authorized signatories have not been convicted of fraud or misrepresentation.
- Please submit a copy of the phone bill or installation order for the business.

***Do not provide proof of liability insurance and surety bond until you receive preliminary notice of license approval.**



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

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

Driving School

Auto Body Repair Facility

A. NJ Sales Tax Identification Number _____

Moped Dealer

Used Motor Vehicle Dealer

B. NJ Unemployment Registration Number _____

Private Inspection Facility

C. Federal Employer Identification Number _____

Fleet Inspection Facility

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 DEALER 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:

- Driving School
- Boat Dealer
- 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 for the purpose of conducting retail and wholesale motor vehicle sales 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 for your zoning approval:

Signature of Municipal or Zoning Board Clerk

Date

Municipal
Seal

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> <p>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></p> <p>b. the Probation Division or any other agency responsible for child support enforcement, upon request</p>				
<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: _____	

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

On the Road to Excellence
www.njmvc.gov
New Jersey is an Equal Opportunity Employer



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609-292-6500 ext. 5014
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

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.



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609-292-6500 ext. 5014
mvcbllscorrespondence@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



MOTOR VEHICLE COMMISSION

Business Licensing Services
Dealer Unit
P.O. Box 171
Trenton, NJ 08666-0171
609-292-6500 ext.5014

DEALER BUSINESS HOURS

Business Name _____ Business Phone _____
 Street Address _____ Home Phone _____
 City _____ Zip _____ Cell Phone _____
 E-mail Address _____

In accordance with N.J.A.C. 13:21-15.2(j), a dealer applicant must submit a schedule of business hours (with no fewer than 20 hours per week between the hours of 9:00a.m. and 5:00 p.m., Monday through Saturday), unless it has business hours of 48 hours or more between the hours of 9:00 a.m. and 5:00 p.m., Monday through Saturday.

Please check the appropriate box:

- A) The dealership will be open for business no fewer than **48 hours per week** between the hours of 9:00AM and 5:00 PM, Monday through Saturday. **Please sign below.**

OR

- B) The dealership will be open for business no fewer than **20 hours per week** between the hours of 9:00 AM and 5:00 PM, Monday through Saturday. **You must complete the section below to indicate the days and time your business will be open:**

MONDAY	.....	From _____	To _____
TUESDAY	.....	From _____	To _____
WEDNESDAY	.....	From _____	To _____
THURSDAY	.....	From _____	To _____
FRIDAY	.....	From _____	To _____
SATURDAY	.....	From _____	To _____

In the event that no box is checked, the dealership will be presumed to be open no fewer than 48 hours per week, between the hours of 9:00 a.m. and 5:00 p.m., Monday through Saturday.

I certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to punishment.

Applicant Name (Print): _____ Title: _____

Applicant Signature: _____ Date: _____



New Jersey Motor Vehicle Commission

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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

SIGNATORY # 1	NAME (PRINT IN FULL)		NJDL # QT'EQNQT'RI QVQ	
	ADDRESS	CITY		STATE/ZIP
	HOME TELEPHONE NUMBER			
	SIGNATURE			
TITLE: <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.				
Signature: _____				Date: _____

SIGNATORY # 2	NAME (PRINT IN FULL)		NJDL # QT'EQNQT'RI QVQ	
	ADDRESS	CITY		STATE/ZIP
	HOME TELEPHONE NUMBER			
	SIGNATURE			
TITLE: <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.				
Signature: _____				Date: _____

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)