



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

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 (*Boat Dealer, Converter, Financing, Insurer, Leasing, Manufacturer, Non-Conventional and Transporter*)
- 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
- 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

During the licensing process, all correspondence between the New Jersey Motor Vehicle Commission and the applicant, will be mailed to the applicant's business address.

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:

CorpCode _____

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

Special Category (Select one from options below)

Boat Dealer Converter Finance Insurer

Leasing Manufacturer Non-Conventional Transporter

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:

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 Do the owners, principals, partners or corporate officers now hold or, have they ever held any of the above licenses in New Jersey or any other jurisdiction?

Yes If yes, please provide the type of license(s), license number(s) and jurisdiction(s) and dates of licensure:

No _____

8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction?

Yes If yes, explain:

No

9. Does this business have a subsidiary company or a parent company?

Yes If yes, explain:

No

10. 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

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

Yes If yes, give name, address and holding

No

12. _____
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.

13. Does the location for which you seek a license, or seek to renew a license, comply with all State and local laws, ordinances and regulations concerning the activities permitted by the dealer license?

Yes

No

14. The applicant certifies all information contained herein is true and agrees that 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/She 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

15. I am, and will continue to be, in compliance with all State and local laws, regulations and ordinances respecting the operation of a motor vehicle dealer.

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

I, the undersigned, hereby certify that I am _____ 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

**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: _____	



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 _____



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(609) 292-6500 #5014

STATE OF NEW JERSEY

Special Category Registration Certification – Allowable Use of Business Location

I understand that, in accordance with N.J.A.C. 13:21-15.2 (h), a special category business location must comply with all zoning, planning use and environmental laws and ordinances and that all activities permitted by the license will be permitted therein.

I hereby certify that the location(s) for which I seek a license complies with all State and local laws, ordinances and regulations concerning the activities permitted by the dealer license.

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

Name of Business: _____

Dealer Owner/ Principal Name

Signature

Date