



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: _____