



## Announcement All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) does not accept up-front license and registration payments (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

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

Enclosed is copy of the applicable law, application and supplemental forms necessary to apply for Finance plates and registrations.

Each applicant for Finance plates and registrations must establish and maintain a permanent place of business in New Jersey. Said business must display an exterior sign, which reflects the business name and the facility must conform with all municipal requirements.

A certificate of insurance must be submitted which reflects liability insurance coverage in the minimum amounts of \$100,000/\$250,000 bodily injury and \$25,000 property damage and the total number of plates that the policy will cover. The certificate holder must read as follows:

NJ Motor Vehicle Commission Business Licensing Services Bureau P.O. Box 171 Trenton, NJ 08666-0171

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.

The fee for issuance of the registrations and one set of five license plates is \$257.50. A notification requesting payment of the registrations and plates fees 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.

Sincerely,

**Business Licensing Services Bureau** 

(Rev. 10/17)





ON THE STILL OF WARRY

Business Licensing Services Bureau P.O. Box 170 Trenton, NJ 08666-0170 609-292-6500 ext. 5014 609-292-4400

# APPLICATION FOR BUSINESS LICENSE

| FOR OFFICE                               | USE ONLY                                                                     |                                                      |                                                               |                             |                                          |                                               |
|------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|-----------------------------|------------------------------------------|-----------------------------------------------|
| License No                               |                                                                              |                                                      |                                                               |                             |                                          |                                               |
| Reg. No                                  |                                                                              |                                                      |                                                               | Date<br>Email               |                                          |                                               |
|                                          |                                                                              |                                                      |                                                               |                             |                                          |                                               |
| Approved by                              |                                                                              |                                                      |                                                               |                             |                                          |                                               |
| The undersign                            | ned hereby applies for the licer                                             | nse(s) checked in Par                                | t 3 and submits the follo                                     | wing certi                  | fied statement:                          |                                               |
| Name of Busine                           | ess (if corporation, corporate name                                          | e)                                                   | _                                                             |                             | Business Phone                           |                                               |
| Trade Name                               |                                                                              |                                                      | 2. Please Check  ☐ Corporation ☐ Partnership ☐ Proprietorship |                             |                                          |                                               |
| Business Address                         |                                                                              |                                                      | Other                                                         |                             |                                          |                                               |
| City                                     | Zip Code                                                                     | County                                               | 3. Please check appropriate Company                           | ☐ Driving                   | School                                   | ☐ Private Inspection Facility                 |
| ll applicants please<br>f proof thereof: | provide the following information a                                          | nd attach copies                                     | ☐ Auto Body (Full)                                            | ☐ Auto Be                   | ody (Limited) ot one from options below) | ☐ Used Motor Veh. Dealer ☐ Auto Body (Sublet) |
|                                          | entification Number                                                          |                                                      | □ Auction □ Boat D                                            | ealer 🗆                     | Converter                                | inance □ Insurer                              |
|                                          | ent Registration Number                                                      |                                                      | ☐ Leasing ☐ Manufa                                            | acturer 🗆                   | Non-Conventional   Tra                   | ansporter                                     |
| C. Federal Employe                       | er Identification Number                                                     |                                                      |                                                               |                             |                                          |                                               |
| 4. Complete the                          | following for proprietor, partners or c                                      | corporate officers:                                  |                                                               |                             |                                          |                                               |
| Name                                     | Title                                                                        | Home Ac                                              | Idress                                                        |                             | Telephone Number                         | er                                            |
|                                          |                                                                              |                                                      |                                                               |                             |                                          |                                               |
|                                          |                                                                              |                                                      |                                                               |                             |                                          |                                               |
|                                          |                                                                              |                                                      |                                                               |                             |                                          |                                               |
| _                                        | ers, partners or officers ever been                                          | _                                                    |                                                               |                             | -                                        | ner state?                                    |
| ☐ Yes                                    | If yes, explain:                                                             |                                                      |                                                               |                             |                                          |                                               |
| □ No                                     |                                                                              |                                                      |                                                               | Р                           |                                          |                                               |
| 6. Has any curre<br>authority of the     | ent or prospective partner, officer, o<br>e Commission or any other state, v | airector, other controlling which license was susper | person, or employee of the and never r                        | applicant pre<br>einstated? | eviousiy neid a license is               | ssued under the                               |
| ☐ Yes                                    | ve name and address of person                                                |                                                      |                                                               |                             |                                          |                                               |
| ☐ No                                     | ve name and address of person                                                |                                                      |                                                               |                             |                                          |                                               |







| 7.      | Do the owners, pr             | rincipals, partners or officers now hold, or have the                                      | ey ever held, any of the licenses listed in #3 or in any other jurisdiction?                                                                    |
|---------|-------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|         | Yes                           | If yes, please provide the type of license(s), licen                                       | nse number(s) and jurisdiction(s) and dates of licensure:                                                                                       |
|         | □ No                          |                                                                                            |                                                                                                                                                 |
| 8.      | Have the license              | (s) provided above ever been suspended or revoke                                           | ed in New Jersey or any other jurisdiction?                                                                                                     |
|         | ☐ Yes                         | If yes, explain:                                                                           |                                                                                                                                                 |
|         | □ No                          |                                                                                            |                                                                                                                                                 |
| 9.      | Does this busines             | ss have a subsidiary company or a parent compan                                            | ıy?                                                                                                                                             |
|         | ☐ Yes                         | If yes, explain:                                                                           |                                                                                                                                                 |
|         | □ No                          |                                                                                            |                                                                                                                                                 |
| 10.     | Have the owners,              | , partners or 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 stockho              | older own more than 10% of the corporation's stocl                                         | k?                                                                                                                                              |
|         | ☐ Yes                         | ·                                                                                          |                                                                                                                                                 |
|         | □ No                          | -                                                                                          |                                                                                                                                                 |
|         | _                             |                                                                                            |                                                                                                                                                 |
| 12.     | Place of Incorporation        | ion / Formation                                                                            | 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                                        |
|         | Date of Incorporation         | on/Formation                                                                               | Authorization to do business in New Jersey as a Foreign                                                                                         |
|         |                               |                                                                                            | Corporation in addition to a copy of their corporate or formation papers.                                                                       |
|         | Date of authorization         | nto do business in New Jersey                                                              | ioimation papers.                                                                                                                               |
| 13.     |                               | n for which you seek a license, or seek to renew a<br>ctivities permitted by this license? | a license, comply with all State and local laws, ordinances and regulations                                                                     |
|         | ☐ Yes                         | savaloe politikou sy tillo liootioo .                                                      |                                                                                                                                                 |
|         | □No                           |                                                                                            |                                                                                                                                                 |
| 14.     | The applicant cer             | tifies all information contained herein is true and a                                      | agrees that any untruthful representation and any violation of the applicable                                                                   |
|         |                               |                                                                                            | reasonable and proper grounds for license suspension or revocation and He/She further agrees to notify the Commission immediately of any change |
|         | in the status of the thereto. | ne business or of any other information which wo                                           | ould change the answers and statements in this application or supplement                                                                        |
| 15      |                               | ntinue to be in compliance with all State and local i                                      | laws, regulations and ordinances regarding the operation of this business.                                                                      |
|         |                               | ·                                                                                          | d the applicable statutes and are thoroughly familiar with the details                                                                          |
| 16.     | provided and pote             |                                                                                            | The applicable statutes and are thoroughly familial with the details                                                                            |
|         |                               |                                                                                            |                                                                                                                                                 |
| I, th   | e undersigned, here           | by certify that I am the<br>President, Owner, Officer, Member                              | of the above business namedr                                                                                                                    |
|         |                               |                                                                                            | e statements are willfully false, I am subject to penalty.                                                                                      |
|         |                               |                                                                                            |                                                                                                                                                 |
| Prir    | nt Name of Applicant          |                                                                                            | Signature and Title of Applicant                                                                                                                |
|         |                               |                                                                                            | ve Corporation and have witnessed the signature of                                                                                              |
| 1, 1110 | anacisiynea, neieby           |                                                                                            | ve corporation and have withessed the signature of                                                                                              |
| who is  |                               | of said corporation.<br>Owner, Officer, Member                                             |                                                                                                                                                 |
|         |                               |                                                                                            | Signature of Secretary/Member/Partner                                                                                                           |







Business Licensing Services Bureau P.O. Box 170 Trenton, NJ 08666-0170 609-292-6500 ext. 5014 609-292-4400

| PLEASE PRINT  BUSINESS NAME  BUSINESS PHONE NUMBER  1. APPLICANT FULL NAME (Including Middle and Suffix, if any)                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                               |
| APPLICANT FULL NAME (Including Middle and Suffix, if any)                                                                                                                                                                                                                                     |
| APPLICANT FULL NAME (Including Middle and Suffix, if any)                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                               |
| 2. STREET ADDRESS                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                               |
| 3. CITY 5. ZIP CODE 6. COUNTY                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                               |
| 7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?  8. HOME PHONE NUMBER                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                               |
| 9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED, OVER THE LAST 20 YEARS 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. DRIVER LICENSE NUMBER                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                               |
| 17. SOCIAL SECURITY NUMBER*                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                               |
| *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 N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7 et seq. of the New Jersey Child Support Prog Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authoric |
| 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 State tax law, updating, and correcting tax records; and                                                                                        |
| <b>b.</b> the Probation Division or any other agency responsible for child support enforcement, upon request                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                               |
| WHAVE VOLUEVED DEEN CONVICTED OF A CRIME ADICING OUT OF FRAUD OR MICREPRESENTATIONS                                                                                                                                                                                                           |
| 18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION?                                                                                                                                                                                                        |
| □ NO □ 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                                                                                           |
|                                                                                                                                                                                                                                                                                               |
| I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE. I AM AWARE THAT IF A                                                                                                                                                                                        |
| OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL AND/OR CRIMINAL PENALTY.                                                                                                                                                                                         |
| OLOMATURE.                                                                                                                                                                                                                                                                                    |
| SIGNATURE: DATE:                                                                                                                                                                                                                                                                              |







Business Licensing Services Bureau P.O. Box 170 Trenton, NJ 08666-0170 609-292-6500 ext. 5014 609-292-4400

## **CHILD SUPPORT CERTIFICATION FORM**

| Business   | Name                                                                                                                                                                                         |                      |             |                 |              |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------|-----------------|--------------|
| Applicant  | 's Name (Print)                                                                                                                                                                              | - Date               | of Birth    |                 |              |
| Social Se  | curity Number                                                                                                                                                                                | -                    |             |                 |              |
|            | st disclose your social security number to the flicensure.                                                                                                                                   | NJMVC. Failure       | to do so    | may result in   | denial/non-  |
| the New o  | to <u>N.J.S.A</u> . 54:50-25 <u>et seq</u> . of the New Jersey Child Support Program Improvement Add to obtain your Social Security number. Purse to provide your Social Security number to: | ct, the licensing ag | ency to w   | hich this form  | is submitted |
| a.         | The Director of Taxation to assist in the adm for the purpose of reviewing compliance with                                                                                                   |                      |             |                 |              |
|            | <u>and</u>                                                                                                                                                                                   |                      |             |                 |              |
| b.         | The Probation Division or any other agend request.                                                                                                                                           | cy responsible fo    | r child sı  | upport enforce  | ement, upon  |
| Intentiona | e provisions of N.J.S.A. 2A:17-56.7a et seq., r<br>al misstatements may result in administrative a<br>e suspension or revocation of the license, or c                                        | action including, b  | ut not lim  |                 |              |
| 1.         | Do you have a child support obligation?                                                                                                                                                      | Yes                  |             | No              |              |
| 2.         | If yes, does the amounts in arrears equal or payable for six months?                                                                                                                         | exceed the amou      | nt of child | l support       |              |
| 3.         | Are you subject to a child-support warrant?                                                                                                                                                  | Yes                  |             | No              |              |
|            | hat the foregoing responses made by me are ts are willfully false, I am subject to penalty.                                                                                                  | re true and I am     | aware th    | at if any of th | ne foregoing |
| Signature  | )                                                                                                                                                                                            |                      | Date        |                 |              |







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

## **BUSINESS HOURS**

| Name of Business                                    | License No     | 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       |  |  |  |
|                                                     |                |            |  |  |  |
|                                                     |                |            |  |  |  |
| C' L Off an Marshau                                 |                |            |  |  |  |
| Signature of Proprietor, Partner, Officer or Member |                |            |  |  |  |
| Date                                                |                |            |  |  |  |

#### 39:3-18. General registration; "D" or temporary plates; fees

A manufacturer of motor vehicles, motor-drawn vehicles, motor vehicle bodies, motorized bicycles, or motorcycles doing business in this State may, with regard to motor or motor-drawn vehicles, motorized bicycles, or motorcycles owned or controlled by him, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the letter "D" stated thereon. Such plates can be placed on any vehicle or cycle owned or controlled by such manufacturer, but only if it is operated only for shop, demonstration or delivery purposes.

A bona fide converter of commercial motor vehicles, motor-drawn vehicles or motor vehicle chassis doing business in this State may, with regard to motor or motor-drawn vehicles owned or controlled by him, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the letter "D" stated thereon. Such plates can be placed on any vehicles owned or controlled by such converter, but only if such vehicles are operated for shop, demonstration or delivery purposes.

A bona fide dealer in motor vehicles, motor-drawn vehicles or motorcycles doing business in this State and having a license to do business as such issued by the director may, with regard to motor or motor-drawn vehicles or cycles owned by him, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the letter "D" stated thereon. Such plates shall only be placed on any vehicle or cycle owned by such dealer; and provided, such vehicle is not used for hire. Any person who shall be convicted of a violation of this paragraph shall be subject to a fine not, exceeding \$100.00.

A bona fide dealer in motorized bicycles, as defined in R.S. 39:1-1, who has an established place of business in this State, may, with regard; to motorized bicycles owned by him, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the letter "D" stated thereon. The plates can be placed on a motorized bicycle by the dealer, but only if the motorized bicycle is operated only for shop, demonstration, or delivery purposes.

Any person engaged in the business of financing the purchase of motor or motor-drawn vehicles or motorized bicycles or lending money thereon may, with regard to motor or motor-drawn vehicles or motorized bicycles owned or controlled by him, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the word "temporary" stated thereon. Such plates can be placed on any such vehicle only when it is being transported from the place where it has been kept by the purchaser or borrower to the place where it is to be kept by the repossess or, when the repossessor desires to operate it for the purpose of demonstration for sale.

Any corporation engaged in the business of insuring motor vehicles, motorized bicycles, or motor-drawn vehicles against theft may, with regard to vehicles owned or controlled by it, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the word "temporary" stated thereon. Such plates can be placed on any such vehicle, if ownership or control thereof has been obtained by virtue of the terms of an insurance against theft contract made by such corporation, and only "when the vehicle is to be transported for delivery to the owner thereof from the place where it has been abandoned by or seized from a thief.

Any person, partnership or corporation engaged in the business of transporting motor or motor-drawn vehicles or motorized bicycles from the place of manufacture for delivery to dealers may, with regard to such vehicles, obtain general registration and registration plates therefor of the kind and style provided for in this subtitle, with the word "temporary" stated thereon, but only if the director is satisfied as to the financial responsibility of such person, partnership or corporation to meet any claim for damages arising out of any automobile accident and satisfactory evidence of such responsibility; has been filed with him.

Any person engaged in the business of renting or leasing motor vehicles, motorized bicycles, or motor-drawn vehicles may, with regard to said motor vehicles, motorized bicycles, or motor-drawn vehicles owned by him, obtain general registration and registration plates therefor, provided for in this subtitle, with the word "temporary" stated thereon. Said registration plates may be placed on any motor vehicle, motorized bicycle, or motor-drawn vehicle owned by such person while said vehicle is not individually registered and not in use as a rented or leased vehicle.

A bona fide dealer in "nonconventional" type motor vehicles, as defined in R.S. 39:10-2, who has an established place of business in this State, may, with regard to "nonconventional" type motor vehicles owned by him, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the letter "D" stated thereon. Such plates can be placed on any "nonconventional" type motor vehicle by such dealer, but only if such "nonconventional" type motor vehicle is operated only for shop, demonstration or delivery purposes.

Any person, partnership or corporation engaged in the business of conducting a wholesale automobile auction block in this State for duly licensed dealers only, at least once each week, may, with regard to vehicles controlled by it, obtain general registration and registration plates therefor of the style and kind provided for in this subtitle, with the word "temporary" stated thereon. Such plates can be placed on any vehicle controlled by the auction block, which is to be transported from the place where stored by the owner to the auction block. Such plates may not be displayed on a vehicle sold at the auction block for delivery to the purchaser. Application for such plates shall be approved only if the director is satisfied as to the financial responsibility of such person, partnership or corporation to meet any claim for damages arising out of any automobile accident and satisfactory proof of such responsibility had been filed with him.





#### 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 |

