

**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