

## **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.*

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

## BOAT DEALER REGISTRATION INITIAL APPLICATION CHECKLIST

**In order to ensure prompt processing of your Boat Dealer Registrations, please submit all documents listed below:**

- Completed license application
- Completed applicant's information application for each owner, partner(s), officer(s), or member(s)
- Child support certification for each owner, partner(s), officer(s) or member(s).
- Business Hours Form
- Municipal Approval Certificate for Business License
- Copy of Driver License for each owner, partner(s), officer(s), or member(s)

*(Each non-NJ resident must provide 6-points of identification. Information regarding required identification can be found at <https://www.nj.gov/mvc/license/6pointid.htm>)*

- Color photograph of each applicant.
- Copy of your Corporate Certificate (Inc.) or Formation Papers for LLC, Partnerships and sole Proprietors.
- Federal Tax Identification Number. (Attach copy of certificate).
- NJ Sales Tax Identification Number. (Attach copy of certificate).
- Two photographs showing your building and sign.
- Certificate of Insurance which reflects yacht dealer liability coverage for demonstration and test rides covering all owned boats.

**The certificate holder must read**

NJ Motor Vehicle Commission Business Licensing Service Bureau, PO Box 171, Trenton, NJ 08666-0172

- 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.

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 (4) 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.

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## APPLICATION FOR BUSINESS LICENSE

### FOR OFFICE USE ONLY

License No. \_\_\_\_\_

\_\_\_\_\_ Date

Reg. No. \_\_\_\_\_

\_\_\_\_\_ Email

EIN # \_\_\_\_\_

Approved by \_\_\_\_\_

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

1. \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name of Business (if corporation, corporate name)

\_\_\_\_\_ Trade Name

**2. Please Check**

- Corporation     Partnership     Proprietorship  
 Other \_\_\_\_\_

\_\_\_\_\_ Business Address

**3. Please check appropriate box for applicable license:**

- Leasing Company     Driving School     Private Inspection Facility  
 Fleet Inspection Facility     New & Used Motor Veh. Dealer     Used Motor Veh. Dealer  
 Auto Body (Full)     Auto Body (Limited)     Auto Body (Sublet)

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Special Category Registration (Select one from options below)**

- Auction     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 person offense in this or any other state?  
 Yes    If yes, explain: \_\_\_\_\_  
 No

6. Has any current or prospective partner, officer, director, other controlling person, or employee of the applicant previously held a license issued under the authority of the Commission or any other state, which license was suspended or revoked and never reinstated?  
 Yes    \_\_\_\_\_  
Give name and address of person  
 No

7. Do the owners, principals, partners or officers now hold, or have they ever held, any of the licenses listed in #3 or in 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 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 or 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 this 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 and may subject the applicant to administrative, civil or criminal penalty. 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 regarding the operation of this business.
16. The individual(s) signing this application certifies that they have read the applicable statutes and are thoroughly familiar with the details provided and potential penalties.

I, the undersigned, hereby certify that I am the \_\_\_\_\_ of the above business named \_\_\_\_\_  
 President, Owner, Officer, Member

and that the information I have submitted is true. I am aware that if any of the statements are willfully false, I am subject to penalty.

\_\_\_\_\_  
 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, Owner, Officer, Member

\_\_\_\_\_  
 Signature of Secretary/Member/Partner

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## APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME				BUSINESS PHONE NUMBER			
1. APPLICANT 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 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* _____							
<p>*You <b>must</b> 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 and <u>N.J.S.A. 2A:17-56.7 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> <ul style="list-style-type: none"> <li>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></li> <li>b. the Probation Division or any other agency responsible for child support enforcement, upon request</li> </ul>							
<p>18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION?</p> <p><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><b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL AND/OR CRIMINAL PENALTY.</b></p>							
SIGNATURE: _____				DATE: _____			

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**BOAT DEALER BUSINESS HOURS**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**DAYS OPEN FOR BUSINESS**

**BUSINESS HOURS**

<b>MONDAY</b> .....	<b>From</b> _____	<b>To</b> _____
<b>TUESDAY</b> .....	<b>From</b> _____	<b>To</b> _____
<b>WEDNESDAY</b> .....	<b>From</b> _____	<b>To</b> _____
<b>THURSDAY</b> .....	<b>From</b> _____	<b>To</b> _____
<b>FRIDAY</b> .....	<b>From</b> _____	<b>To</b> _____
<b>SATURDAY</b> .....	<b>From</b> _____	<b>To</b> _____

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 penalty.

**Applicant Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 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 et seq. 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:

- 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:17-56.7a 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, or criminal prosecution.

1. Do you have a child support obligation?       Yes       No
  
2. If yes, does the amounts in arrears 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 if any of the foregoing statements are willfully false, I am subject to penalty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF NEW JERSEY**  
**MOTOR VEHICLE COMMISSION**  
**BUSINESS LICENSING SERVICES BUREAU**  
**P.O. BOX 170**  
**TRENTON, NEW JERSEY 08666-0170**

**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
- PIF

- 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