

## **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

## PRIVATE INSPECTION FACILITY INITIAL LICENSE APPLICATION CHECKLIST

**In order to ensure prompt processing of your Private Inspection Facility (PIF/PFF) License, please submit all documents listed below:**

- Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- 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).
- Fingerprint request notification form.
- 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. (if applicable)
- License Certification Form
- Copy of equipment lease/purchase.
- PIF emission inspector certificate form.
- Copy of the emission inspector(s) license(s) for your facility.
- Federal Tax Identification Number. (Attach copy of certificate).
- NJ Sales Tax Identification Number. (Attach copy of certificate).
- NJ Unemployment Registration. (Attach copy of certificate).
- Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage.

**The certificate holder must read**

NJ Motor Vehicle Commission Business Licensing Service Bureau, PO Box 170, Trenton, NJ 08666-0172

The fee for issuance of the Private Inspection Facility (PIF/PFF) License is \$250.00. A notification requesting payment for the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. If you have any questions, please contact us at the phone number listed above.

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## APPLICATION FOR BUSINESS LICENSE

### FOR OFFICE USE ONLY

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

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

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

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

\_\_\_\_\_ Date

\_\_\_\_\_ Email

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

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

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

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 \_\_\_\_\_

**2. Please Check**

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

**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)

Special Category Registration (Select one from options below)

- Auction   
  Boat Dealer   
  Converter   
  Finance   
  Insurer  
 Leasing   
  Manufacturer   
  Non-Conventional   
  Transporter

**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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P.O. Box 170  
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609-292-4400

## 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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## 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 \_\_\_\_\_

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## Fingerprint Request Notification

In accordance with New Jersey law, all dealerships (applicants as defined in N.J.A.C 13:21-15.1 only) driving schools (applicants and instructors), auto-body shops (applicants), and private inspection facilities (applicants and inspectors), are required to undergo a live scan criminal background check by the State approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Services Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form. If an e-mail address is provided, the fingerprint request notification form will be e-mailed to you. Otherwise, it will be mailed.

## Fingerprint Request Notification Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the requested personal information for the applicable license type: dealerships (applicants as defined in N.J.A.C. 13:21-15.1 only), driving schools (applicants and instructors), auto-body shops (applicants), and private inspection facilities (applicants and inspectors).**

Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Copy and submit additional sheets if needed.



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## PRIVATE INSPECTION FACILITY BUSINESS HOURS

Business Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please 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 \_\_\_\_\_

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.

Owner's Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: \_\_\_\_\_  
Proprietor, Partner or Corporate Officer

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
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

\_\_\_\_\_  
Contact Number