
STATE OF NEW JERSEY

Enclosed is the application package for a New/Used and Used only Car Dealership license. If you are engaged in the business of buying, selling, or dealing in motor vehicles, you must be licensed.

Each applicant for a motor vehicle or moped license shall have established and maintained a place of business at the time such license is issued. An established place of business must have an exterior sign permanently attached to the building or grounds, banners are not permitted. The facility must have a clearly identifiable, separate area to display at least two vehicles and must be in conformance with all municipal and zoning requirements. No license approval will be granted when the applicant intends to use the premises of a currently licensed dealer or the premises of the proprietor of an allied business. Each office must be set up with office furniture, file cabinet, a fixed safe, must have climate controls, and operable telephone.

A licensed motor vehicle dealer can also deal in moped and leased vehicles with no additional endorsement.

When all investigations are concluded, and the applicant is approved, a certified check or money order will be requested, as well as a current certificate reflecting liability coverage in the minimum amounts of \$100,000 per person/incident up to \$250,000 per incident for bodily injury or death, \$25,000 per incident for property damage and \$250,000 combined personal injury and property damage per incident for all owned or fleet vehicles. Such insurance certificate must contain a 30-day cancellation clause.

In addition to the above, the "dealer" must provide a surety bond in favor of the State of New Jersey in the amount of \$10,000. The bond must be executed by a surety company authorized to transact business in the state. The bond must not expire until March 31st of the year your license is set to expire.

When completing the MVC Dealer Certification/Signatory Form, individuals listed as employees must provide copies of payroll records demonstrating their employment. Acceptable documentation includes, but is not limited to, W-2's, W-4's, pay stubs, etc.

The fee for the license is \$100 plus an additional fee of \$257.50 for one set of vehicle registrations and five license plates, or \$77 for one set of motorcycle registrations and three license plates. 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 is conducted and approved.

During the licensing process, all correspondence between the New Jersey Motor Vehicle Commission (NJMVC) and the applicant, will be mailed to the applicant's business address.

All out of state applicants are required to submit identification documents totaling six-points as required by the NJMVC identity verification process.

If you have any questions, please call (609) 292-6500 ext. 5014. Thank you for your cooperation in this endeavor.

Sincerely,

Business License Services Bureau

BLC-2 (R08/23)

STATE OF NEW JERSEY

DEALER INITIAL LICENSE APPLICATION CHECKLIST

Listed below are the required documents necessary to apply for a New Jersey New and Used or Used Car Dealer License. A licensed motor vehicle dealer can also deal in mopeds and leased vehicles with no additional license required.

Failure to submit all required documents will delay the processing of your application. If you have any questions, please contact us using the phone number listed above. Please mail the following:

- Completed the "Application for a Dealer License" form.
- Completed "Applicant's Information", BLC-205B form for each individual applicant.
- Child Support Form BLS-43 for each individual applicant. This is to be completed even if you do not have child support obligations.
- Fingerprint Request Notification form BLS-163 for each individual applicant.
- Copy of the 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>.**)
- Passport size color photograph for each owner, partner(s), officer(s), or member(s). (**Print name on the back of each photograph**)
- Copy of the business Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue
- Copy of Alternate/Fictitious Name Filing Certificate if you are using a "Tradename."
- Copy of the Federal Employee Identification Number (FEIN) Registration Certificate.
- Copy of Property Deed or Lease/Rental Agreement (**If you are leasing the property the lease agreement must be for a minimum of 12 months, a month-to-month lease is not permitted, and must extend through the date the license is set to expire.**)
- Copy of NJ Certificate of Authority for Sales Tax
- Copy of Franchise Agreement (**New Car Dealers Only**).
- Certified statement that the facility is not less than 1,000 square feet (**New Car Dealers**).
- Business Hours Form BLS-19 form.
- Completed Authorized Signatories Form BLS-20 (**Employees must provide copies of records verifying employment – W-2's, W-4's, pay stubs, etc.**)
- Municipal Approval Certificate for Business License – **signed and stamped by the municipality** BLS-162 form.
- Dealer Certification of License Location Type and Proper Walls form BLS-158 with supporting documentation. (**You must submit all requested proofs with this form**)
- Copy of the phone bill or phone installation order for the business with the business name and address listed on the document.
- Photographs/plans clearly depicting the complete premises and signage where the dealer intends to conduct business.
- Upon **preliminary license approval, you will be notified to submit the following:**
 - Appropriate license and/or registration fee(s) as indicated on the Approval Notice
 - Original \$10,000 Surety Bond (**Copies are NOT acceptable**)
 - Original certificate of Liability Insurance in the amount of \$100,000 per person/incident up to \$250,000 bodily injury and \$50,000 property damage. **The certificate holder must read:** NJ Motor Vehicle Commission, P.O. Box 168, Trenton, NJ 08666-0168

STATE OF NEW JERSEY

APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME:		BUSINESS PHONE:	
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:	
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED:			
10. DATE OF BIRTH:	11. PLACE OF BIRTH (CITY, STATE, COUNTRY):	12. SEX:	
13. HEIGHT:	14. WEIGHT:	15. EYE COLOR:	
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 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.			
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY, AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINSTRATIVE 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 ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY.			
SIGNATURE: _____		DATE: _____	

BLC-205B (R08/23)

STATE OF NEW JERSEY

APPLICATION FOR A DEALER LICENSE

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

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

_____ **2. Please check:**
Trade Name Corporation Partnership

_____ Other Proprietorship
Business Address _____

_____ _____
City State Zip

All applicants please provide the following information

3. Please check:
 New & Used Sales
 Used Sales Only

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

5. Have any of 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 No If yes, explain: _____

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 No Give name and address of person: _____

7. Do the owners, principals, partners, or officers now hold, or have they ever held, any of the licenses governed by the NJ Motor Vehicle Commission? Yes No If yes, please provide the type and number(s):

8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction?

Yes No If yes, explain: _____

9. Does this business have a subsidiary company or a parent company? Yes No

If yes, explain: _____

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 No

If yes, explain: _____

11. Does any stockholder own more than 10% of the corporation's stock? Yes No

If yes, give name, address and holding: _____

12. Place of Incorporation: _____ Date of Incorporation: _____

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? 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. Applicant 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. _____(initial)

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. _____(initial)

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, herby certify that I am the (Title) _____ of the above business named _____ 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, herby certify that I am Secretary/Member/Partner of the above corporation and have witnessed the signature of _____ who is (Title) _____ of said corporation.

Signature of Secretary/Member/Partner

Date

FOR OFFICE USE ONLY:

License # _____ Date Issued: _____ Reg No. _____

EIN # _____ Email: _____ Technician: _____

Supervisor Approval: _____ Date: _____

Check No.: _____

Check Amount: _____



Visit us at www.njmvc.gov

New Jersey is an Equal Opportunity Employer

STATE OF NEW JERSEY

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

*You must disclose your Social Security number to NJMVC. Failure to do so shall result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of 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 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 purposes 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., response 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 licensure, or criminal prosecution.

- 1. Do you have a child support obligation? Yes No
- 2. If yes, does this amount 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

BLS-43 (R08/23)

STATE OF NEW JERSEY

FINGERPRINT REQUEST NOTIFICATION

In accordance with New Jersey law, all dealerships 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 License 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.

Do not get fingerprinted for this application until you have received the instructions from the Business License Services Bureau.

BLS-19 (R08/23)



Business Licensing Services Bureau
P.O. Box 168
Trenton, New Jersey 08666-0168
(609) 292-6500 ext.5094
Fax: (609) 292-4400

STATE OF NEW JERSEY

FINGERPRINT REQUEST NOTIFICATION FORM

Business Name: _____ Date: _____

**Clearly PRINT the requested personal information for your dealership license application.
N.J.A.C. 13:21-15.1**

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

BLS-163 (R08/23)

STATE OF NEW JERSEY

DEALER BUSINESS HOURS

Business Name: _____ BUSINESS PHONE: _____

Street Address: _____ HOME PHONE: _____

City: _____ State: _____ Zip: _____

CELL PHONE: _____ Email: _____

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 9:00am and 5:00pm, Monday through Saturday), unless it has business hours of 48 hours or more between the hours of 9:00am and 5:00pm, 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 5:00pm, Monday through Saturday

OR

B) The dealership will be open for business no fewer than **20 hours per week** between the hours of 9:00am and 5:00pm, 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 9:00am and 5:00pm, 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 penalty.

Applicant Name (Print) _____ Title _____

Applicant Signature _____ Date _____

MVC DEALER CERTIFICATION / SIGNATURE CARD

The undersigned licensee hereby authorizes the person(s) whose signature appear below to act as authorized signatory as set forth in N.J.A.C. 13:21-15.1

SIGNATORY # 1	NAME (PRINT IN FULL)		NJDL #
	ADDRESS	CITY	STATE/ZIP
	HOME TELEPHONE NUMBER		
	SIGNATURE		
TITLE: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest			
I, _____, am signing above as an authorized signatory of _____ (business). I hereby certify that I have never been convicted of a crime arising out of fraud or misrepresentation nor have I previously held a license issued by the MVC Chief Administrator or the Commission that was revoked and not reissued. Signature: _____ Date: _____			

SIGNATORY # 2	NAME (PRINT IN FULL)		NJDL #
	ADDRESS	CITY	STATE/ZIP
	HOME TELEPHONE NUMBER		
	SIGNATURE		
TITLE: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Employee <input type="checkbox"/> Other Controlling Interest			
I, _____, am signing above as an authorized signatory of _____ (business). I hereby certify that I have never been convicted of a crime arising out of fraud or misrepresentation nor have I previously held a license issued by the MVC Chief Administrator or the Commission that was revoked and not reissued. Signature: _____ Date: _____			

Signatories must submit a color passport-size photo of themselves or a clear color copy of their state driver's license or non-driver ID card. If you have a New Jersey driver's license or non-driver ID card, Employees who are signatories must also submit proof of employment such as a W-4, W-2, or paystub.

Pursuant to N.J.S.A. 39:10-19 et seq. and N.J.A.C. 13:21-15.5(a) 4 and (a) 7, the Chief Administrator may deny an application for a license, revoke or suspend a license after it has been granted, or issue a cease and desist order to a licensee or to an unlicensed person or entity engaged in activities for which a license is required if:

- One or more of the partners, officers, directors, other controlling persons, or employees or agent of the licensee or applicant previously held a license issued under the authority of the former Division of Motor Vehicles or the Commission, which license was revoked for cause and never reissued or was suspended for cause and terms of suspension have not been satisfied, or have willfully violated a cease and desist order issued by the Chief Administrator.
- The licensee or applicant knew or should have known that any employee, partner, officer, director, owner of a controlling interest or agent of the licensee or applicant is an individual who has been convicted of a crime arising out of fraud or misrepresentation or previously held a license issued by the Director of the former Division of Motor Vehicles or the Commission, which license was suspended or revoked for cause and not reissued.

Signature card(s) must be filed for all persons authorized to act on behalf of the dealer. If you authorize any other person not listed above to execute documents or if you revoke such authority of any person listed above, you must notify the Business Licensing Services Bureau immediately and re-submit a current signature card(s) covering all persons having authority to execute documents on behalf of the dealership. All signature cards prior to the most current are invalid.

I certify that the above-named individual(s), authorized as signatories for _____, are current employees and were not hired or contracted as independent contractors. I have read the above in its entirety and certify that all of the information included herein is true to the best of my knowledge. I am aware that if any of this information is willfully false, I am subject to punishment.

Business Name (Print in full): _____ License #: _____

Licensee Name (Print): _____ Title: _____

Licensee Signature: _____ Date: _____
(Owner, Partner or Corporate Officer)



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 168
Trenton, New Jersey 08666-0168
(609) 292-6500 ext.5094
Fax: (609) 292-4400

STATE OF NEW JERSEY

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant Business Name: BUSINESS PHONE:

Street Address: HOME PHONE:

City: State: Zip:

CELL PHONE: Email:

Approval Classification of Applicant:

A. Please check appropriate box

- Initial Application
Change of Address
Branch Location
Verification of Compliance

B. Please check appropriate type of license

- New and Used Car Dealership
Used Car Dealership
Leasing Company

Municipal Zoning Official Certification

I, am duly authorized to sign on behalf of the municipality of County of State of New Jersey. I 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 the appropriate box:

- This site was visited by a Zoning Official/ Municipal Representative prior to approval.
This site was not visited by a Zoning Official/ Municipal Representative prior to approval.

Please specify any stipulations or restrictions of your zoning approval:

Municipal Seal

Signature of Zoning Officer/Municipal Official

BLS-162 (R08/23)

Print Name

Phone Number

STATE OF NEW JERSEY

USED CAR DEALERS ONLY

Used Car Dealer Certification of Licensed Location Type and Proper Walls

Business Name: _____
Business Address: _____ **Suite #:** _____

Contact Number: _____
City/St/Zip _____

Please check the appropriate box below that best describes your used car dealership's proposed licensed location and return this document to the Commission with the documentation indicated in each choice.

Location Type "A"

Located in a building where there is a single business or multiple businesses with a single common identity of ownership

Location Type "B"

<input type="checkbox"/> B-1	<p>Located in a building that contains one or more business entities <u>and</u> a New Jersey motor vehicle dealer had a valid license in this multi-unit facility as of March 6, 2006 and:</p> <p>The interior walls of the dealership are separate and independent from any wall of any other licensed dealership or other business occupying the same building. The building also has a fire suppression system that has been approved by the local building code official (or State DCA) for the applicant's facility.</p> <p>You must also submit a separate certification from the municipal building official (or State DCA) attesting to the fire suppression installation. The certification must include this statement: "The building has a fire suppression system that has been approved by the local building code official (or State DCA) for the applicant's facility,"</p> <p>You must also submit a separate certification from a NJ-licensed architect or NJ-licensed professional engineer. The certification must include this statement: "The interior walls, each of which have been constructed separately and independently from any other wall of any other proposed or licensed dealership or other business occupying the same premises."</p>
<input type="checkbox"/> B-2	<p>The interior walls of the dealership are firewalls as defined by the International Building Code, where no other approved fire suppression system exists;</p> <p>You must also submit a separate certification from the municipal building official, NJ-licensed architect, or NJ- licensed engineer attesting to the type of walls. The certification must include this statement: "The wall meets all requirements and is deemed to be a firewall as described in the 2009 International Building Code-New Jersey edition Chapter 7, section 706, and subsections 1 through 11."</p> <p>Note: In addition to form BLS-158, you must submit a written description of how the wall(s) satisfy the requirement along with any plans, blueprints and drawings from a municipal building official or a New Jersey licensed professional engineer or architect that supports your statement.</p>

Location Type "C"

<input type="checkbox"/>	<p>Located in a building that contains one or more business entities <u>and</u> a New Jersey motor vehicle dealer did not have a valid license in this multi-unit facility as of March 6, 2006.</p> <p>You must also submit a separate certification from the municipal building official, NJ-licensed architect, or NJ- licensed engineer attesting to the type of walls. The certification must include this statement: "The wall meets all requirements and is deemed to be a firewall as described in the 2009 International Building Code-New Jersey edition Chapter 7, section 706, and subsections 1 through 11."</p> <p>Note: In addition to form BLS-158, you must submit a written description of how the wall(s) satisfy the requirement along with any plans, blueprints and drawings from a municipal building official or a New Jersey licensed professional engineer or architect that supports your statement.</p>
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I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are false, I am subject to punishment.

Dealer Owner/Principal Name

Signature

Date