New Jersey
Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 ext. 5014

STATE OF NEW JERSEY

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Raymond P. Martinez
Chairman and Chief Administrator

Announcement
All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning December 1, 2016; BLS will discontinue the practice of requiring an up-front license and registration payment (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

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

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.

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Phone: (609) 292-6500 ext.5014

STATE OF NEW JERSEY

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

Each applicant for Converter 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:

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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. 11/16)

New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170, Trenton, NJ 08666-0170
(888) 486-3339 ext. 5014 toll-free in NJ
609-292-6500 ext. 5014
blsmvcprocessing@mvc.nj.gov

STATE OF NEW JERSEY

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

Reg. No. _____

Approved by _____

_____
Date

_____
Email

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

Corp Code _____

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

_____
Business phone

_____
Trade Name

_____
Street Address

_____
City Zip Code County

2. Please Check

☐ Corporation ☐ Partnership ☐ Proprietorship

☐ Other _____

3. Please Check appropriate Box for License:

☐ Leasing Company
☐ Driving School
☐ Moped Dealer
☐ Private Inspection Facility
☐ Fleet Inspection Facility
☐ New & Used Motor Vehicle Dealer
☐ Auto Body Repair Facility
☐ Used Motor Vehicle Dealer

☐ Other _____

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 persons offense in this or any other state?

☐ Yes if yes, explain:

☐ No

6 Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

☐ Yes _____
Give name and address of person

☐ No _____

7 Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes If yes, please explain the type of license and license numbers _____

☐ No

8. Was the license ever suspended or revoked?

☐ Yes If yes, explain:

☐ No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

☐ Yes If yes, explain:

☐ No

10. Does any stockholder own more than 10% of the corporation's stock?

☐ Yes If yes, give name, address and holding

☐ No

11 _____
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/formation papers.

12. The applicant certifies all information contained herein is true and agrees 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. He 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

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I _____ of the above business previously named _____
Owner, Partner, Officer, Member

and that the information I have submitted is true to the best of my knowledge.

_____ _____
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, Vice-President or Member

_____
Signature of Secretary/Member/Partner

BUSINESS LICENSING SERVICES BUREAU
SUPPLEMENTARY APPLICATION

PLEASE PRINT

BUSINESS NAME	BUSINESS PHONE NUMBER

1. 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 ADRESS?	8. HOME PHONE NUMBER

9. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU HAVE LIVED, 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. 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, N.J.S.A. 2A:17-56.7a, and N.J.S.A. 2A:17-56.8 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

17. DRIVER LICENSE NUMBER

18. HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE AND/OR VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? ☐ 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 AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____

New Jersey
Motor Vehicle Commission

P.O. Box 168
Trenton, New Jersey 08666-0168
(609) 292-6500 #5014

STATE OF NEW JERSEY
Business Licensing Services Bureau

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, N.J.S.A. 2A :17-56.60 et seq. of 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:17-56.7 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.

1. Do you have a child support obligation? ☐ Yes ☐ No

2. If yes, do the arrearage amounts 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 the making of false statements may subject me to contempt of court.

_____ _____
Signature Date

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Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business_____ 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 _____

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
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: _____

_____

_____

_____

_____ _____
Signature of Municipal or Zoning Board Clerk Date

Municipal
Seal

_____
Print Name

_____
Contact Number