CM-100
(12-04, R-6)

State of New Jersey
Division of Taxation
P O Box 252
Trenton, N.J. 08646

LICENSE APPLICATION

OFFICIAL USE ONLY
DLN
PLATE NO.

CHECK ONE BOX — COMPLETE INFORMATION BELOW — ENCLOSE FEE

- ☐ Motor Fuel Retail Dealers License (three (3) year license) (complete A & B below) ..... $ 150.00
- ☐ Motor Fuel Transport License (complete A & C below) ..... $ 50.00
- ☐ Cigarette Manufacturer Representative License (one (1) year license) (complete A & D below) ..... $ 5.00
- ☐ Cigarette Vending Machine License (one (1) year license) (complete A & F below) ..... $ 50.00
- ☐ Cigarette Retail Dealers Over-the-Counter License (one (1) year license) (complete A & E below) ..... $ 50.00

(A separate application must be filed for each license type)

A. All applicants must complete Part A

Federal Identification Number ___ ___ - ___ ___ ___ ___ ___ ___ ___ ☐ Check box if this is a license renewal

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Name _____
(Corporate, partners, proprietor, representative)

Trade Name _____

Business Location Address	Mail Name and Address
Street	Street
City State Zip Code	City State Zip Code

TYPE OF OWNERSHIP
☐ Corporation ☐ Proprietorship ☐ Partnership ☐ Representative ☐ Other _____

Date business began in New Jersey _____ / _____ / _____ (Mo / Day / Yr) Contact Telephone Number ( ) _____ - _____

OWNER INFORMATION

Name	Title	Social Security No.	Home Address
		/ /	
		/ /	
		/ /	

Complete the information below which pertains to the specific license.

B. Motor Fuel Retail Dealers License
Number of pumps ..... _____ Capacity in gallons (Diesel) _____
Name of supplier ..... _____ Capacity in gallons (Gas) _____
Do you sell diesel? ..... _____ Brand sold ..... _____

C. Motor Fuel Transport License
State License Plate Number .. _____ Make of vehicle ..... _____
Vehicle identification number . _____
Barge name ..... _____ Year ..... _____

D. Cigarette Manufacturer Representative License
Name of company you represent _____

E. Cigarette Retail Over-The-Counter License
Name of company where you purchase your cigarettes _____

F. Cigarette Vending Machine License
Number of machines you are applying for _____ (Enclose a $50.00 fee for each machine)
Name of company where you purchase your cigarettes _____
You must attach a list with the physical address of each vending machine

Signature _____ Date _____

All appropriate information must be completed and the application must have an authorized signature to be processed.
FEE MUST ACCOMPANY APPLICATION