

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



PLEASE READ CAREFULLY

Enclosed are applications and forms necessary to apply for a motor vehicle leasing license. If you lease vehicles for a period of 120 days or more, you must be licensed.

Each applicant for a motor vehicle leasing 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 and be in conformance with all municipal 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.

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

In addition to the above, the leasing company 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 be for a 12-month term and must be renewed at expiration for successive 12-month periods.

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 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. 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.

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 Licensing Services Bureau



New Jersey is an Equal Opportunity Employer

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

DEALER INITIAL LICENSE APPLICATION CHECKLIST

Listed below are the required documents necessary to apply for a New Jersey New and 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 submit the following:

- 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
- 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>)

- Passport size color photograph for each owner, partner(s), officer(s), or member(s) *(print name on the back of photograph)*
- Copy of Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue
- Copy of Alternate/Fictitious Name Filing Certificate (if applicable)
- Copy of Federal EIN Registration Certificate
- Copy of Property Deed or Lease/Rental Agreement
- Copy of NJ Certificate of Authority for Sales Tax
- Copy of Franchise Agreement *(New Car Dealer's Only)*
- Certified statement that facility is not less than 1,000 square feet *(New Car Dealer's Only)*
- Business Hours Form
- Completed Authorized Signatories Form *(Employees must provide copies of records verifying employment)*

(Acceptable documentation includes, but not limited to, W-2's, W-4'S, pay stubs, etc.)

- Municipal Approval Certificate for Business License
- Dealer Certification of Licensed Location Type and Proper Walls
- Copy of phone bill or phone installation order for the business
- 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 Approval Notice
 - Original \$10,000.00 Surety Bond (Copies 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 170, Trenton, NJ 08666-0170

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

MOTOR VEHICLE INSTALLMENT SELLERS LICENSE

All licensed motor vehicle dealers who sell motor vehicles to retail buyers and who wish to execute retail installment contracts in connection with such sales shall be required to obtain a motor vehicle installment seller's license from the Commissioner of the Department of Banking.

Failure to obtain the required motor vehicle installment seller's license from the Commissioner of Banking before engaging in such business shall subject you to penalties provided by the Retail Installment Sales Act of 1960, N.J.S.A. 17:16C et. seq.

Information regarding this New Jersey statute and the application form to be used in applying for a motor vehicle installment seller's license can be obtained from:

**License Section
N.J. Department of Banking
P.O. Box 040
Trenton, NJ 08625-0040
609-292-5340**

NOTE: Applications for this license should be obtained as soon as possible. Timely filing and license issuance will ensure your ability to discount contracts to your financial institution or licensed sales finance lender.

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

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 _____

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

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 _____
 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 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

Business Licensing Services Bureau
 P.O. Box 170
 Trenton, NJ 08666-0170
 609-292-6500 ext. 5014
 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 must 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"> 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> b. the Probation Division or any other agency responsible for child support enforcement, upon request 								
<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>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.</p>								
SIGNATURE: _____				DATE: _____				

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

Dealer Certification of Licensed Location Type and Proper Walls

Business Name: _____ Contact Phone Number: _____
 Business Address: _____ Suite/ Floor / Section: _____
 City: _____ State: _____ Zip Code: _____

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

LOCATION TYPE "A"

<input type="checkbox"/>	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"/>	<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><input type="checkbox"/> 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 New Jersey State Department of Community Affairs) for the applicant's facility. You must also submit a separate certification from the municipal building official or a licensed professional architect attesting to the type of walls. The certification must include this statement:</p> <p align="center">"The building has a fire suppression system that has been approved by the local building code official (or New Jersey State Department of Community Affairs) for the applicant's facility, interior walls, each of which must be constructed separately and independently from any other wall of any other proposed or licensed dealership or other business occupying the same premises."</p> <p>OR</p> <p><input type="checkbox"/> The interior walls of the dealership are firewalls as defined by the International Building Code, where no other approved fire suppression system exists; You must also submit a separate certification from the municipal building official or a licensed professional architect attesting to the type of walls. The certification must include this statement:</p> <p align="center">"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, subsections 1 through 11."</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>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. The certification must include this statement:</p> <p align="center">"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>
--------------------------	--

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 penalty.

Dealer Owner/Principal Name _____ Signature _____ Date _____

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

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 _____

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

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.

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

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: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Copy and submit additional sheets if needed.

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

DEALER BUSINESS HOURS

Business Name: _____ Business Phone: _____

Street Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Email Address: _____

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 9:00a.m. and 5:00 p.m., Monday through Saturday), unless it has business hours of 48 hours or more between the hours of 9:00 a.m. and 5:00 p.m., 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 5:00 PM, Monday through Saturday.

OR

- B) The dealership will be open for business no fewer than **20 hours per week** between the hours of 9:00 AM and 5:00 PM, 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 9:00 a.m. and 5:00 p.m., 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: _____

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

MVC DEALER CERTIFICATION / SIGNATURE CARD

The undersigned licensee hereby authorizes the person(s) whose signature appears 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 license or non-driver ID card. If you have a New Jersey driver license or non-driver ID card, you may write your driver license number in the space provided above in lieu of a photo. Employees who are signatories must also submit proof of employment such as a W-4, W-2, paystub, etc.

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:

1. 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.
2. 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 penalty.

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

Licensee Name (Print): _____ **Title:** _____

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



Visit us at www.NJMVC.gov

New Jersey is an Equal Opportunity Employer

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