

STATE OF NEW JERSEY
Business Licensing Services Bureau

Philip D. Murphy
Governor

Sheila Y. Oliver
Lt. Governor

B. Sue Fulton
Chair and Chief Administrator

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In accordance with N.J.A.C 13:20-1 through 13:20-2, facilities installing sun screening material to motor vehicle windows for medical purposes must be approved and registered by the Commission.

In order to ensure compliance with State Law, every installation facility must obtain a copy of the Sun Screening Material Installation Facility regulations.

If you have any questions, feel free to contact this office at 609-292-6500 x5013 or by visiting www.njmvc.gov Business Services portal.

Sincerely,

New Jersey Motor Vehicle Commission
Business Licensing Services Bureau

Sun Screening (Window Tint) Installation Facility License

In order to ensure prompt processing of your Sun Screening (Window Tint) Installation Facility License, please submit all documents listed below:

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)
- 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>)
- Business Hours Form
- Copy of Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue Filing Certificate
- Copy of Alternate/Fictitious Name Filing Certificate (if applicable)
- Copy of Federal EIN Registration Certificate
- Copy of NJ Certificate of Authority for Sales Tax
- Copy of Property Deed or Lease/Rental Agreement
- Copy of phone bill or phone installation order for the business
- Photographs/plans clearly depicting the complete premises and signage where the business intends to complete Installation.
- Upon **preliminary license approval; you will be notified to submit the following:**
 - o Initial licensing fee of \$150.00. Certified checks/money order payable to the NJMVC.

Business Licensing Services
 Bureau P.O. Box 171
 Trenton, NJ 08666-0171
 609-292-4517

APPLICATION FOR SUN SCREENING (WINDOW TINT) INSTALLATION FACILITY LICENSE

FOR OFFICE USE ONLY

License No. _____

Date: _____

Reg. No. _____

Email: _____

EIN No. _____

Approved by: _____

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

_____ Business Phone

_____ Street Address

2. Please Check

Corporation Partnership

Proprietorship

Other _____

_____ City State Zip

All applicants please provide the following information and attach copies of the proof thereof:

A. New Jersey Sales Tax No. _____

B. New Jersey Unemployment Registration No. _____

C. Federal Employer Identification No. _____

Complete the following for proprietor, partners, or corporate officers:

Name	Title	Home Address	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have the owners, partners or corporate officers ever been charged or convicted of violating the Consumer Fraud Act N.J.S.A. 56:8-1 et seq., or any regulations adopted thereunder?

Yes If yes, explain:
 No

5. Have the owners, partners or corporate officers ever been denied, or had suspended or revoked, a license or registration to engage in the business, profession, or occupation licensed or registered under the laws of any state?

Yes If yes, explain:
 No

6. Have the owners, partners, or corporate officers any interest in other sun-screening material installation facility or any motor vehicle related business?

Yes

No If yes, give name and license number of business. _____

7. Does any stockholder own more than 10% of the corporations stock?

Yes If yes, give name, address and holding

No

8. _____
Place of Incorporation

Date of Incorporation

Date of authorization to do business in New Jersey

ATTACH COPY OF THE CERTIFICATE OF INCORPORATION 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 papers.

9. 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 Director shall be reasonable and proper grounds for registration suspension or revocation. **He further agrees to notify Motor Vehicle Services 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.**

10. 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 am _____ of the above business and the information I have submitted is true to the best of my knowledge.

Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of the

_____ who is _____ of said
President, Vice President
Corporation.

Signature of Secretary



Visit us at www.NJMVC.gov

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: _____			

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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

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

SUN SCREENING (WINDOW TINT) INSTALLATION FACILITY BUSINESS HOURS

Business Name: _____ Business Phone: _____
 Street Address: _____ Home Phone: _____
 City: _____ Zip Code: _____ Cell Phone: _____
 Email 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 _____

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: _____