



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 (*Boat Dealer, Converter, Financing, Insurer, Leasing, Manufacturer, Non-Conventional and Transporter*)
- 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.

STATE OF NEW JERSEY

PLEASE READ CAREFULLY

Enclosed are the application and supplemental forms necessary to apply for an auto body repair facility initial license. If you are engaged in the business of performing auto-body repair and/or auto-body painting services you must be licensed.

If you commence auto-body work without a license, you will be in violation of New Jersey Auto-Body Repair Facility Act, N.J.S.A. 39:13-1 et seq., which states , “No person may engage in the business of an auto-body repair facility unless it is so licensed by the Commission”. Pursuant to N.J.S.A. 39:13-6, the Chief Administrator of the New Jersey Motor vehicle Commission has the power and authority to issue an order to cease and desist from operating an auto-body repair facility without a license to do so. The Chief administrator may also impose upon an auto-body repair facility operating without a license a civil penalty of up to \$5000.00 for the first offense and up to \$20,000.00 for the second and each subsequent offense.

In accordance with recently adopted regulations, each applicant for an auto-body license shall have an established place of business at the time such license is issued. An established place of business must have an exterior sign, a suitable office and be in conformance with the requirements of the municipality in which it is located. It is imperative that the municipal or zoning board clerk complete the enclosed approval certificate form. However, we will accept a photocopy of a certificate of occupancy in lieu of the completed approval certificate.

Insurance coverage requirements for damage to property and liability arising from bodily injury:

- (a) Garage liability or equivalent commercial general liability insurance in the minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; and
- (b) Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000; and
- (c) Workers Compensation insurance or a statement advising no employees.

The fee for the license is \$350.00 plus an additional non-refundable application fee of \$20.00. A notification requesting payment of the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. Please return the completed application to this office with all required documents. If you have any questions, please call (609)292-6500 ext. 5014 or e-mail us at mvcblsprocessing@mvc.nj.gov.

AUTO-BODY INITIAL APPLICATION CHECKLIST

In order to ensure prompt processing of your Auto-Body Application, please submit all documents listed below:

1. Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
2. License application and municipal approval.
3. Supplemental application for each owner, partner(s), officer(s) or member(s).
4. Child support certification for each owner, partner(s), officer(s) or member(s).
5. Fingerprint request notification form.
6. Copy of driver license for each applicant.
7. Color photograph of each applicant.
8. Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors.
9. Copy of property deed or lease.
10. Business Hours Form (Enclosed).
11. Federal Tax Identification Number. (Attach copy of certificate).
12. NJ Sales Tax Identification Number. (Attach copy of certificate).
13. Workers' compensation insurance or a statement advising no employees. Please note that if employees are hired after the license has been issued, you must submit workers' compensation insurance at that time.
14. Insurance coverage requirements for damage to property and for liability arising from bodily injury (both Full Service and Limited Full Service applicants):
 - a. Garage liability or equivalent commercial general liability insurance in a minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; **and**
 - b. Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000
Certificate holder must read: NJ Motor Vehicle Commission Auto Body Unit, PO Box 172, Trenton, NJ 08666-0172
15. List of authorized signatories (Those authorized to sign Motor vehicle documents).
16. Statement advising if your facility will be performing painting services.
17. Photographs of the auto body repair facility showing signs and other advertising media.
18. Current certificate of inspection from the fire marshal for the building and spray booth.
19. Evidence of completion from a recognized auto body class; at least one class must be taken within one (1) year preceding issuance of the initial license.
20. Stack permit or letter of exemption from DEP for spray booth.
21. Provide signed agreement (sample enclosed) if the below listed services will be performed by a facility other than yourself:
() structural repairs () vehicle four-wheel alignment () air conditioner servicing () mechanical repair as a result of collision damage.
22. If your auto body repair facility will not be spray painting, please contact this office for additional forms. Prior to your Auto Body Repair Facility license being issued, a site inspection will be conducted. An investigator from the Commission will contact you.

STATE OF NEW JERSEY

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

_____ Date

Reg. No. _____

_____ Email

Approved by _____

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

CorpCode _____

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

_____ Business phone

_____ Trade Name

2. Please Check

Corporation Partnership Proprietorship

_____ Street Address

Other _____

_____ City Zip Code County

3. Please Check appropriate Box for License:

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

A. NJ Sales Tax Identification Number _____

Leasing Company

New & Used Motor Vehicle Dealer

B. NJ Unemployment Registration Number _____

Driving School

Auto Body Repair Facility

C. Federal Employer Identification Number _____

Moped Dealer

Used Motor Vehicle Dealer

Private Inspection Facility

Fleet Inspection Facility

Special Category (Select one from options below)

Boat Dealer Converter Finance

Insurer

Leasing Manufacturer

Non-Conventional

Transporter

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

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
- 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: _____

Municipal
Seal

Signature of Municipal or Zoning Board Clerk

Date

Print Name

Contact Number

**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 ADDRESS?				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* <small>*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 <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.7a</u>, and <u>N.J.S.A. 2A:17-56.8 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: 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</small>				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? <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					
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: _____	

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 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, 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 the making of false statements may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

STATE OF NEW JERSEY
Business Licensing Services
Bureau PO Box 170
(609) 292-6500 ext.5014

I, _____, owner of _____
(Subcontractor)

located at _____ hereby certify that I have

entered into an agreement with _____ located
(Autobody Licensee)

at _____ to perform the below

listed service:

- Four-Wheel Alignment
- Air Conditioner Servicing
- Mechanical Repairs
- Structural Repairs (Frame Machine)
- All of the above services are preformed in house

I understand that this document will be attached to his/her New Jersey Full Service Auto Body Repair Facility License.

Signature Subcontractor

Signature Licensee

Date

New Jersey Department of Environmental Protection
Office of Local Environmental Management
Minor Source Compliance Investigations
P.O. Box 407
Trenton, NJ 08625-0407

To Whom It May Concern:

I have been informed that an air pollution permit is no longer required by the Department as established in N.J.A.C. 7:27-8.2(a) (Eleventh Amendment operative June 12, 1998) since my coating application will **NEVER EXCEED** ½ GALLON PER HOUR AND MY Spray booth DOES NOT contain a heating device with a rating of 1,000,000 BTU's or greater. As such, I am requesting deletion of the following surface coating permit(s) /certificat(s) and hereby certify under penalty of law that I believe the information provided in this document is true, accurate, and complete.

I understand that if at any time our coating rate does exceed the applicability threshold of ½ gallon in any one hour or the heating device does equal or exceeds 1 million BTU's, it is my responsibility to apply for the necessary permit(s) and certificate(s).

I further understand that if I exceed these thresholds and fail to apply for the necessary permit(s) and certificate(s) I may be subject to an enforcement action which may include civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature: _____

Title: _____

Name of Facility: _____

Address: _____

Phone#: _____

Program Interest ID#: _____

Activity Number ID#: _____

Date: _____



PO Box 170
Trenton, New Jersey 08666-0170

SIGNATURE CARD

Business Type: MV Dealer Autobody Repair

The undersigned Licensee hereby authorizes the person(s) whose signatures appear below to execute and sign Title Papers and/or estimates on behalf of the licensee:

(AGENT'S NAME - PRINT IN FULL)

(SIGNATURE)

(ADDRESS)

(AGENT'S NAME - PRINT IN FULL)

(SIGNATURE)

(ADDRESS)

(AGENT'S NAME - PRINT IN FULL)

(SIGNATURE)

(ADDRESS)

(AGENT'S NAME - PRINT IN FULL)

(SIGNATURE)

(ADDRESS)

(AGENT'S NAME - PRINT IN FULL)

(SIGNATURE)

(ADDRESS)

BUSINESS NAME & LICENSE NO. (Print in full) _____

LICENSEE'S SIGNATURE _____

(OWNER, PARTNER OR CORPORATE OFFICER)

DATE

Signature card or cards must be filed for all persons authorized to sign title papers and/or estimates. If you authorize any other person to sign title papers and/or estimates or if you revoke the authority of any person to sign such papers, you shall notify this Bureau immediately and re-submit current signature card or cards, covering all persons in authority to sign title papers and/or estimates.

All signature cards prior to the most current are invalid.

BLC-9 (R12/04)



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau P.O. Box 172,
Trenton, NJ 08666-0170
609-292-6500 ext. 5014
mvcblsprocessing@mvc.nj.gov

STATE OF NEW JERSEY

Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing 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 listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, NJ 08666-0170
609-292-6500 ext. 5014
mvcbprocessing@mvc.nj.gov

STATE OF NEW JERSEY

Fingerprint Request Notification Form

Business Name: _____ Date: _____

Clearly PRINT the following information for all persons identified in the initial business application (all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, NJ 08666-0170
609-292-6500 ext. 5014
mvclsprocessing@mvc.nj.gov

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 or officer _____

Date _____