



# **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.*

**PLEASE READ CAREFULLY**

Enclosed are applications and supplemental forms necessary to apply for a new and used motor vehicle dealer license. If you are engaged in the business of buying, selling or dealing in motor vehicles, you must be licensed.

Each applicant for a motor vehicle or moped 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, facilities to display vehicles offered for sale, 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.

A licensed motor vehicle dealer can also deal in mopeds and leased vehicles with no additional endorsement. A licensed moped dealer is restricted to moped sales only.

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

In addition to the above, the "dealer" 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, pays stubs, etc.

The fee for the license is \$100 plus an additional fee of \$257.50 for one set of registrations and five license plates, or \$77.00 for one set of motorcycle registrations and three 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 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 or e-mail us at [mvblscorrespondence@mvc.nj.gov](mailto:mvblscorrespondence@mvc.nj.gov). Thank you for your cooperation in this endeavor.

Sincerely,

Business Licensing Services Bureau



## NEW JERSEY DEALER INITIAL APPLICATION CHECKLIST

In order to insure prompt processing of your Dealer License Application, please submit all items checked!

- License application.
- Supplemental 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 the driver license of the owner, partner(s), officer(s) or member(s).
- Passport size color photograph of the owner, partner(s), officer(s) or member(s) – ( please identify the individual on the reverse side of the picture).
- 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 property deed or lease.
- Business hour(s) (if open less than 48 hours).
- Copy of Federal EIN Registration Certificate.
- Copy of NJ Certificate of Authority for Sales Tax.
- Original \$10,000.00 Surety Bond (copy not acceptable). **Due after preliminary license approval.**
- Original Certificate of Liability Insurance in the amount of \$10 0,000 per person/incident up to \$250,000 per incident for bodily injury or death, \$25,000 per incident for property damage and \$250,000 combined personal injury and property damage per incident covering all dealer plates and the NJ MVC-Dealer Unit, PO Box 17 1, Trenton 08666 listed as the certificate holder. **Due after preliminary license approval.**
- Listing of authorized signatories (Employees must provide copies of records verifying their employment status. Acceptable documentation includes, but not limited to W-2's, W-4's, pays stubs, etc.).
- Dealer Certification – Allowable Use of Business Location.
- Dealer Certification of Licensed Location Type and Proper Walls.
- Please submit a copy of the phone bill or installation order for the business.

**\*Do not provide proof of liability insurance and surety bond until you receive preliminary notice of license approval.**



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**STATE OF NEW JERSEY**  
Business Licensing Services Bureau  
P.O. Box 171  
Trenton, New Jersey 08666-0171

**NOTICE**

**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.

Additional information regarding this New Jersey statute and the application form to be used in applying for a motor vehicle installment seller's license must 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.

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 Do the owners, principals, partners or corporate officers now hold or, have they ever held any of the above licenses in New Jersey or 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 corporate 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/formation papers.

13 Does the motor vehicle dealer 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 the dealer 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. 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 respecting the operation of a motor vehicle dealer.

16 The individual(s) signing this application certifies 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 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 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					
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b></p> <p>SIGNATURE: _____ DATE: _____</p>					



# New Jersey Motor Vehicle Commission

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

STATE OF NEW JERSEY

## 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"

Located in a building where there is a single business or multiple businesses with a single common identity of ownership.

### LOCATION TYPE "B"

Located in a building that contains one or more business entities and a New Jersey motor vehicle dealer **had** a valid license in this multi-unit facility as of March 6, 2006 and:

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 State DCA) 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:

**"The building has a fire suppression system that has been approved by the local building code official (or State DCA) 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."**

OR

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:

**"The wall meets all requirements and is deemed to be a firewall as described in the current International Building Code-New Jersey edition Chapter 7, section 706, subsections 1 through 11."**

### LOCATION TYPE "C"

Located in a building that contains one or more business entities and a New Jersey motor vehicle dealer **did not have** a valid license in this multi-unit facility as of March 6, 2006.

**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:**

**"The wall meets all requirements and is deemed to be a firewall as described in the current International Building Code-New Jersey edition Chapter 7, section 706, and subsections 1 through 11."**

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 punishment.

\_\_\_\_\_  
Dealer Owner/Principal Name  
BLS- 158 (R11/17)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

*On the Road to Excellence*  
[www.njmvc.gov](http://www.njmvc.gov)  
*New Jersey is an Equal Opportunity Employer*



## 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 172, Trenton, NJ 08666-0172  
609-292-6500 ext. 5014  
mvcblsresponse@dot.state.nj.us

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: \_\_\_\_\_



# MOTOR VEHICLE COMMISSION

Business Licensing Services  
Dealer Unit  
P.O. Box 171  
Trenton, NJ 08666-0171  
609-292-6500 ext.5014

## DEALER BUSINESS HOURS

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail 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. **Please sign below.**

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:**

<b>MONDAY</b>	.....	<b>From</b> _____	<b>To</b> _____
<b>TUESDAY</b>	.....	<b>From</b> _____	<b>To</b> _____
<b>WEDNESDAY</b>	.....	<b>From</b> _____	<b>To</b> _____
<b>THURSDAY</b>	.....	<b>From</b> _____	<b>To</b> _____
<b>FRIDAY</b>	.....	<b>From</b> _____	<b>To</b> _____
<b>SATURDAY</b>	.....	<b>From</b> _____	<b>To</b> _____

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 punishment.

Applicant Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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

## MVC DEALER CERTIFICATION / SIGNATURE CARD

The undersigned licensee hereby authorizes the person(s) whose signature appear below to act as authorized signatory as set forth in N.J.A.C. 13:21-15.1

<b>SIGNATORY # 1</b>	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: _____

<b>SIGNATORY # 2</b>	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 which 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:

- 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.
- 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 punishment.*

Business Name (Print in full): \_\_\_\_\_ License #: \_\_\_\_\_

Licensee Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner, Partner or Corporate Officer)



# New Jersey Motor Vehicle Commission

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

STATE OF NEW JERSEY

## Dealer Certification – Allowable Use of Business Location

I understand that, in accordance with N.J.A.C. 13:21-15.2 (h), a motor vehicle dealer's business location must comply with all zoning, planning use and environmental laws and ordinances and that all activities permitted by the license will be permitted therein.

I hereby certify that the motor vehicle dealer location(s) for which I seek a license complies with all State and local laws, ordinances and regulations concerning the activities permitted by the dealer license.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to penalty.

Name of Business: \_\_\_\_\_

\_\_\_\_\_  
Dealer Owner/ Principal Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date