STATE OF NEW JERSEY
P.O. Box 171

Dealer Section

Enclosed is an application and supplemental forms necessary to apply for a Motor Vehicle Junkyard license.

In order to qualify for licensure, the facility must be adjacent to a major street/highway, you have been issued a Used Motor Vehicle Dealer license and an exterior sign must be displayed which reflects the business name. In addition, we also require a certificate of insurance that reflects liability insurance coverage in the minimum amounts of $\$ 15,000 / \$ 30,000$ bodily injury and $\$ 5,000$ property damage and a $\$ 150.00$ licensing fee.

If you have any questions, please call (609) 292-6500 ext.5014.

Sincerely
Business License Services

## APPLICATION FOR LICENSE

## FOR OFFICE USE ONLY

License No $\qquad$
Date
Reg. No. $\qquad$
Approved by $\qquad$ Email

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement: Corp Code $\qquad$
1.

Name of Business (if corporation, corporate name)
Business phone
2. Please Check
[ ]Corporation [ ]Partnership [ ]Proprietorship
[ ]Other
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
B. NJ Unemployment Registration Number
C. Federal Employer Identification Number $\qquad$
4. Complete the following for proprietor, partners, or corporate officers:

Name
Title
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 convlcted 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
[ ]No
Give name and address of person

7 Have the owners, partners or corporate officers ever held any of the above licenses?
[ ]Yes
[ ]No If yes, please explain the type of license and license numbers
8. Was the license ever suspended or revoked?
[ ]Yes
If yes, explain:
[ ]No
$\square$
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?

If yes, give name, address and holding
[ ]Yes
[ ]No


Place of Incorporation/Formation

Date of Incorporation/Formation

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.

Date of authorization to do business in New Jersey
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 $\qquad$ of the above business previously named $\qquad$ 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 $\qquad$ of said corporation.
President, Vice-President or Member

## Signature of Secretary/Member/Partner

## APPROVAL CERTIFICATE

I, $\qquad$ Clerk of the Municipality of $\qquad$ County of $\qquad$
(Print Name)
State of New Jersey, hereby certify that the Municipal Governing Body or Zoning Commission has approved the location. establishment and maintenance of the business checked below:
[ ]Leasing Company
$[$ ]Driving School
[ ]Moped Dealer
[ $\mathbf{x}]$ Junkyard
$[$ ]Private Inspection Facility
[ ] Fleet DEIC
[ New \& Used Motor Vehicle Dealer
[ ] Auto Body Repair Facility
[ ] Other
] Used Motor Vehicle Dealer
[ ] Fleet Inspection Facility

## Complete Address

## BUSINESS LICENSE SERVICES

 SUPPLEMENTARY APPLICATION
14. ICERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:
DATE

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY
2. STREET ADDRESS

CITY
STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?

HOME PHONE \#
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

| 5 DATE OF BIRTH (MO. DAY, YEAR) | 6. PLACE OF BIRTH: (CITY. STATE OR FOREIGN COUNTRY) |
| :---: | :---: |


| 7.SEX | 8. HEIGHT | 9. WEIGHT | 10. COLOR OF EYES |
| :--- | :--- | :--- | :--- | :--- |
| 11. SOCIAL SECURITYNUMBER |  |  |  |

13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? $\square$ YES $\square N O$

IF YES, ATTACH EXPLANATIONDESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE:
DATE

## CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)
Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take 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?

$\square$ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months?


No
3. Are you subject to a child-support warrant?


Yes $\square$ 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.

