

# NEW JERSEY MOTOR VEHICLE COMMISSION

Trenton, New Jersey 08666

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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

BLC-2 (R 01/08)

*New Jersey is an Equal Opportunity Employer*

## 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:

Corp Code \_\_\_\_\_

 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

 Junkyard

 Fleet DEIC

 Private Inspection Facility

 DEIC

 Fleet Fleet Inspection Facility

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

 Other \_\_\_\_\_

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 \_\_\_\_\_

 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 \_\_\_\_\_



# BUSINESS LICENSE SERVICES

## SUPPLEMENTARY APPLICATION

BUSINESS NAME		BUSINESS PHONE #	
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 SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)	
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?    YES    NO			
IF YES, ATTACH EXPLANATION DESCRIBING 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 _____			
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)	
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SIGNATURE: _____ DATE _____			

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**CHILD SUPPORT CERTIFICATION FORM**

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Business Name

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Applicant's Name (Print)

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Date of Birth

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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?  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.

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Signature

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Date