## NEW JERSEY MOTOR VEHICLE COMMISSION

Trenton, New Jersey 08666

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



[ ]No

If yes, please explain the type of license and license numbers \_

## **APPLICATION FOR LICENSE**

FOR OFFICE USE ONLY	
License No.	Data
Reg. No	Date
Approved by	Email
The undersigned hereby applies for the license(s) checked in Part	3 and submits the following certified statement:
Corp Code	
Name of Business (if corporation, corporate name)	Business phone
, , , , , , , , , , , , , , , , , , ,	2. Places Cheek
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	[ ]Leasing Company [ ] New & Used Motor Vehicle Dealer
of proof thereof:	[ ]Leasing Company [ ]New & Used Motor Vehicle Dealer [ ]Driving School [ ]Auto Body Repair Facility [ ]Moped Dealer [ ]Used Motor Vehicle Dealer
A. NJ Sales Tax Identification Number  B. NJ Unemployment Registration Number	[ ]Junkyard [ ]Fleet DEIC
C. Federal Employer Identification Number	[ ] Private inspection Facility [ ] DEIC
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 convlcted in this or any other state and was subject to license suspension or	d of the above, or any other crime or who was previously licensed as any of the above revocation?
[ ]Yes ————————————————————————————————————	
Give name and address of person	
7 Have the owners, partners or corporate officers ever held any of the	above licenses?
[ ]Yes	

8.	Was the license ever suspended or revoked?			
	[ ]Yes If yes, explain: [ ]N o			
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: [ ]N o			
10.	Does any stockholder own more than 10% of the corporation's stock?			
	If yes, give name, address and holding			
	[ ]Yes [ ]No			
11	Place 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		
	Date of Incorporation/Formation	<ul> <li>a Foreign Corporation in addition to a copy of their corporate/formation papers.</li> </ul>		
	Date of authorization to do business in New Jersey	_		
	promulgated by the Commission shall be reasonable and proper grounds immediately of any change in the status of the business or of any other is supplement thereto.  The individual(s) signing this application certify that they have read the appropriate the supplement of the supplement thereto.	runtruthful representation and any violation of the applicable statutes and regulations or license suspension or revocation. He further agrees to notify the Commission information which would change the answers and statements in this application or oblicable statutes and are thoroughly familiar with the details and penalties provided be business previously named		
	Print Name of Applicant	Signature and Title of Applicant		
	''			
l, the	e undersigned, hereby certify that I am Secretary/Member/Partner of the abo	ve Corporation and have witnessed the signature of		
who	is of said corporation.  President, Vice-President or Member			
		Signature of Secretary/Member/Partner		
	APPROVAL	CERTIFICATE		
	Clade of the Municipal	County of		
'' —	(Print Name)	pality of County of		
		EIC [ ] Used Motor Vehicle Dealer Used Motor Vehicle Dealer [ ] Fleet Inspection Facility		
	[ ] Moped Dealer [ ] Auto B [ ] Junkyard [ ] Other [ ] Private Inspection Facility	ody Repair Facility [ ] DEIC		
Ic	ocated at			
ic	Complete Address			
– Pr	rint Name of Municipal or Zoning Board Clerk	Signature of Municipal or Zoning Board Clerk		
	BLC-183 (R12/04)	Date		

## BUSINESS LICENSE SERVICES SUPPLEMENTARY APPLICATION

	30	JPPLEWEN	IAKI	APPLICA	TION			
BUSINESS NAME					BUSINESS PHONE#			
FULL NAME INCLUDING MIDDLE NA	ME AND SUFFIX IF	ANY						
TO THE WALL IN OLO BING MISSEL TO	WE7445 0011 174, II	, , , , ,						
2. STREET ADDRESS			CITY				STATE	
3. HOW LONG HAVE YOU LIVED AT	THE ABOVE ADD	RESS?				HOME PHO	DNE#	
4. LIST THE CITIES, STATES OR FO	REIGN COUNTRIE	S WHERE YOU LIV	ED BEFO	RE AND HOW L	ONG YOU WER	E IN EACH	STATE OR COUNTRY.	
5. DATE OF BIRTH (MO. DAY, YEAR)	1		6. PLAC	E OF BIRTH: (C	ITY, STATE OR F	OREIGN CO	UNTRY)	
7. SEX	SEX 8. HEIGHT		9. WEIGHT				10. COLOR OF EYES	
11. SOCIAL SECURITY NUMBER		12. DRIVER LICEI	NSE NI IM	RED (STATE)				
11. SOCIAL SECURITY NOIVIBER		12. DRIVER LICE	NOE NUW	DER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER VIOLATION OF CONSUMER PROTE				CHARGED OR C NO	ONVICTED OF A C	CRIME, DISOF	RDERLY PERSONS OFFENSE,	
		05 0555105 045						
IF YES, ATTACH EXPLANATION DES TRIBUNAL BEFORE THE CASE WAS			E, CITY AI	ND STATE WHER	E OFFENSE OCC	URRED, IDEI	NTIFY COURT OR ADMINISTRATIVE	
<ol> <li>I CERTIFY THAT THE INFORM KNOWLEDGE AND BELIEF.</li> </ol>	IATION PROVIDE	ED HEREIN AND	ATTACH	HMENTS, IF A	NY, IS TRUE A	AND COMP	PLETE TO THE BEST OF MY	
SIGNATURE:					DAT	E		
1. FULL NAME INCLUDING MIDDLE N	NAME AND SUFFIX	K. IF ANY						
2. STREET ADDRESS			CITY	CITY			STATE	
3. HOW LONG HAVE YOU LIVED AT	THE ABOVE ADD	RESS?	HC			HOME PHO	HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIG	GN COUNTRIES WE	HERE YOU LIVED BE	FORE AN	D HOW LONG YO	U WERE IN EACH	I STATE OR C	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 LICE	ENSE NUM	MBER (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:					דאח	E.		
JIOIVATOINE.					DAI			

BLC-205B (R12/03)



Business Licensing Services Bureau P.O. Box 171 Trenton, New Jersey 08666-0171 (609) 292-6500 #5014

## 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. required. Misstatements will be just cause to take a to, denial of licensure, immediate suspension or rev	dministrative action including, but not limited				
Do you have a child support obligation?	Yes No				
If yes, do the arrearage amounts equal or ex payable for six months?	ceed the amount of child support  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				