

**LICENSE APPLICATION**

CHECK ONE BOX

COMPLETE INFORMATION BELOW

ENCLOSE FEE

- Motor Fuel Retail Dealers License (three (3) year license) (complete A & B below) ..... \$ 150.00
- Motor Fuel Transport License (complete A & C below) ..... \$ 50.00
- Cigarette Manufacturer Representative License (one (1) year license) (complete A & D below) ..... \$ 5.00
- Cigarette Vending Machine License (one (1) year license) (complete A & F below) ..... \$ 50.00
- Cigarette Retail Dealers Over-the-Counter License (one (1) year license) (complete A & E below) ..... \$ 50.00

IMPORTANT: A separate application with a separate check must be submitted for each license type.

A. All applicants must complete Part A

Federal Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check box if this is a license renewal

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

(Corporate, partners, proprietor, representative)

Trade Name \_\_\_\_\_

Business Location Address			Mail Name and Address		
Street			Street		
City	State	Zip Code	City	State	Zip Code

TYPE OF OWNERSHIP

- Corporation     Proprietorship     Partnership     Representative     Other \_\_\_\_\_

Date business began in New Jersey \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Cont at Telephone Number (    ) \_\_\_\_\_ - \_\_\_\_\_

OWNER INFORMATION

Name	Title	Social Security No.	Home Address
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____

Complete the information below which pertains to the specific license.

B. Motor Fuel Retail Dealers License

Number of pumps. .... \_\_\_\_\_ Capacity in gallons/GASOLINE \_\_\_\_\_  
 Name of supplier ..... \_\_\_\_\_ Capacity in gallons/DEISEL \_\_\_\_\_  
 Do you sell diesel? . .... \_\_\_\_\_ Brand sold ..... \_\_\_\_\_

C. Motor Fuel Transport License

State License Plate Number . \_\_\_\_\_ Make of vehicle ..... \_\_\_\_\_  
 Vehicle identification number . \_\_\_\_\_ Year ..... \_\_\_\_\_  
 Barge name ..... \_\_\_\_\_

D. Cigarette Manufacturer Representative License

Name of company you represent \_\_\_\_\_

E. Cigarette Retail Over-The-Counter License

Name of company where you purchase your cigarettes \_\_\_\_\_

F. Cigarette Vending Machine License

Number of machines you are applying for \_\_\_\_\_ (Enclose a \$50.00 fee for each machine)  
 Name of company where you purchase your cigarettes \_\_\_\_\_  
 You must attach a list with the physical address of each vending machine

Signature \_\_\_\_\_ Date \_\_\_\_\_

All appropriate information must be completed and the application must have an authorized signature to be processed.

FEE MUST ACCOMPANY APPLICATION