

STATE OF NEW JERSEY

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.

Enclosed are the applications necessary for the issuance of a PRIVATE INSPECTION FACILITY (PIF/PFF) LICENSE. Please ensure that all of the items below are returned for the processing of a license.

A copy of your driver license

Initial Application

Supplementary Application

Child Support Certification

PIF Application Form

License Certification Form

Copy of corporate papers (if applicable)

Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage. The certificate holder should read:

Motor Vehicle Commission
Business Licensing Service Bureau
P.O. Box 170
Trenton, NJ 08666

Color photo of each officer, owner, partner or corporate officer

Fingerprint card

Business hours

Copy of equipment lease/purchase

PIF emission inspector certificate form

Copy of the emission inspector(s) license(s) for your facility

Copy of Certificates listed below:

- A. NJ Sales Tax Identification
- B. NJ Unemployment Registration
- C. Federal Employer Identification

The fee for issuance of the Private Inspection Facility (PIF/PFF) License is \$250.00. A notification requesting payment for the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. If you have any questions, please contact us at the phone number listed above.

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:

Leasing Company New & Used Motor Vehicle Dealer

A. NJ Sales Tax Identification Number _____

Driving School Auto Body Repair Facility

B. NJ Unemployment Registration Number _____

Moped Dealer Used Motor Vehicle Dealer

C. Federal Employer Identification Number _____

Private Inspection Facility Fleet Inspection Facility

Special Category (Select one from options below)

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

Boat Dealer Converter Finance Insurer

Leasing Manufacturer Non-Conventional Transporter

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 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)	
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 _____			

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? 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

STATE OF NEW JERSEY

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.

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: _____

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____

CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: _____

Proprietor, Partner or
Corporate Officer

Business Name

Date

EQUIPMENT CONFIRMATION

DEIC/PIF NAME _____ LICENSE NO. _____

I have purchased and installed a State of New Jersey approved:

Make

Model No.

Serial No.

Analyzer _____

Opacity Meter _____

The following designated Inspectors have been trained in the use of:

Analyzer

Opacity Meter

LICENSEE'S SIGNATURE _____

MVC REPRESENTATIVE'S SIGNATURE _____

MVC SUPERVISOR'S SIGNATURE _____



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

STATE OF NEW JERSEY

Private Inspection Facility (PIF) Certification – Allowable Use of Business Location

I understand that, in accordance with N.J.A.C. 13:20-44.4 (c) 6, I must obtain valid permits or other authorization for my business location from the appropriate federal, State or other governmental agencies authorizing operation of the business or any equipment, service or process on the premises.

I hereby certify that the PIF location for which I seek a license complies with all State and local laws, ordinances and regulations concerning the activities permitted by the PIF 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: _____

PIF Owner/ Principal Name

Signature

Date