

Application to Amend a Business License, Registration or Permit

Section A. GENERAL INFORMATION

Please Clearly Print or Type All Information

Business License Type	Business License #	
Business Name		
Business Address	City	Zip Code
Business Telephone Number	E-mail Address	
Person Making Request	Title	

Section B. CHANGE OF BUSINESS ADDRESS

OLD INFORMATION		NEW INFORMATION	
Old Address		New Address	
City	Zip Code	City	Zip Code
County		County	
Business Telephone Number		Business Telephone Number	

You must submit the following additional documents according to your license type

Dealer / Driving School / Inspection Facility	Auto Body Repair Facility
<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Certificate of Occupancy (<i>Driving School Only</i>) <input type="checkbox"/> Copy of Property Deed or Lease/Rental Agreement <input type="checkbox"/> Copy of phone bill or phone installation order for the business <input type="checkbox"/> Copy of Certificate of Liability Insurance reflecting the new address/ location <input type="checkbox"/> Copy of Surety Bond reflecting the new address/ location <input type="checkbox"/> Business Hours Form <input type="checkbox"/> Photographs/plans clearly depicting the complete premises and signage of the business location <input type="checkbox"/> Dealer Certification of Licensed Location Type and Proper Walls <input type="checkbox"/> Municipal Approval Certificate for Business License 	<ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Occupancy or Municipal approval signed by the Municipal Governing Body or Zoning Official <input type="checkbox"/> Copy of Property Deed or Lease/Rental Agreement <input type="checkbox"/> Copy of Certificate of Liability Insurance reflecting the new address/ location <input type="checkbox"/> Copy of Fire Marshal Certificate <input type="checkbox"/> Copy of Stack Permit/ Exemption (<i>If applicable</i>) <input type="checkbox"/> Copy of Hazardous Waste Disposal Agreement or photograph of recycling equipment on premises <input type="checkbox"/> Sub-Contract Agreement Form (<i>If applicable</i>) <input type="checkbox"/> Business Hours Form <input type="checkbox"/> Photographs/plans clearly depicting the complete premises, signage and required equipment

Section C. CHANGE OF BUSINESS STRUCTURE

The following additional documents must be submitted

- Copy of amended formation/incorporation papers
- Copy of amendments submitted to the NJ Department of Treasury Corporate Records Unit and the NJ Division of Taxation

**** If the legal business name was amended as a result of the business structure change; you must also complete Section F.**

Section D. ADD / CLOSE A BRANCH LOCATION

ADDED BRANCH LOCATION		CLOSED BRANCH LOCATION	
Business Address		Business Address	
City	Zip Code	City	Zip Code
County		County	
Business Telephone Number		Business Telephone Number	
* You must submit the following additional documents for each branch		*You must surrender your branch location wall license with this application	
<input type="checkbox"/> Municipal approval signed by the Municipal Governing Body or Zoning Official <input type="checkbox"/> Copy of Certificate of Occupancy (<i>Driving School Only</i>) <input type="checkbox"/> Copy of Property Deed or Lease/Rental Agreement for each branch location <input type="checkbox"/> Copy of phone bill or phone installation order listing each branch location <input type="checkbox"/> Copy of amended Certificate of Liability Insurance reflecting the new address/ location that has been added <input type="checkbox"/> Business Hours Form <input type="checkbox"/> Dealer Certification of License Location Type and Proper walls			

Section E. ADD / REMOVE A BUSINESS OFFICER

LIST ADDED OFFICER(S)	LIST REMOVED OFFICER(S)
1.	1.
2.	2.
3.	3.
The following additional documents must be submitted	The following additional documents must be submitted
<input type="checkbox"/> Copy of Corporate Resolution listing new officer(s) <input type="checkbox"/> Fingerprint Request Notification Form listing new officer(s) <input type="checkbox"/> Supplementary Application for each added officer(s) <input type="checkbox"/> Child Support Certification for each added officer(s) <input type="checkbox"/> Copy of driver license for each added officer(s) <input type="checkbox"/> Passport size color photograph for each added officer(s) (print the name of the individual on the back of each photograph) <input type="checkbox"/> Six point identification (out of state officers only)	<input type="checkbox"/> Copy of Corporate Resolution listing removal of officer(s) <input type="checkbox"/> Signed Letter of Resignation from removed officer(s) or Copy of a Death Certificate (if applicable)

Section F. CHANGE OF LEGAL BUSINESS NAME / TRADE NAME (DBA)

NEW BUSINESS NAME	NEW TRADE NAME
New Name:	New Trade Name:
The following additional documents must be submitted	The following additional documents must be submitted
<input type="checkbox"/> Amended Certificate of Incorporation listing new name <input type="checkbox"/> Copy of amended Certificate of Liability Insurance <input type="checkbox"/> Copy of amended Surety Bond *You must amend your name with the Department of Treasury, Corporate Records Unit and the Division of Taxation	<input type="checkbox"/> Copy of Certificate of Alternate Name Change from the Department of Treasury Corporate Records Unit

Section G.

BUSINESS CERTIFICATION STATEMENT

This Certification must be completed by the individual submitting this application on behalf of the business entity and must be an owner, partner, officer, director or person having a controlling interest in the named entity.

ANY FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE INDIVIDUAL AND/OR APPLICANT TO CIVIL AND CRIMINAL PENALTIES ALLOWED BY LAW.

I, (full name) _____,
state that I am (title) _____ of (business name) _____,
and that I have read and understood the questions contained in the attached application and all of its parts. I certify under penalty of law, that the information given in response to each section and/or part is complete and truthful. I acknowledge that the New Jersey Motor Vehicle Commission may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I understand that the information submitted is for the express purpose of requesting that the New Jersey Motor Vehicle Commission amend a business license. I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.

I further, certify that I have been authorized by, and have the authority to bind the entity making this application.

_____/_____
Name (print) Date

_____/_____
Signature Title



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