

Business Licensing Services Bureau
P.O. Box 170
Trenton, NJ 08666-0170
609-292-6500 ext. 5014
609-292-4400

Announcement

All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) does not accept up-front license and registration payments (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
- Auto Body Shops
- Driving Schools
- Inspection and Emission Repair Facilities

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.

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DRIVING SCHOOL INITIAL LICENSE APPLICATION CHECKLIST

In order to ensure prompt processing of your Driving School License, please submit all documents listed below:

- Completed license application
- Completed applicant's information application for each owner, partner(s), officer(s), or member(s)
- Child support certification for each owner, partner(s), officer(s) or member(s).
- Fingerprint request notification form.
- Business Hours Form
- Municipal Approval Certificate for Business License
- Copy of Driver License for each owner, partner(s), officer(s), or member(s)
(Each non-NJ resident must provide 6-points of identification. Information regarding required identification can be found at <https://www.nj.gov/mvc/license/6pointid.htm>)
- Color photograph of each applicant.
- Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors. (if applicable)
- Copy of property deed or lease.
- Copy of phone bill or installation order for business.
- List of driving instructors.
- Specific **Qualified** supervising instructor as defined in N.J.A.C. 13:23-1.1 – Need a letter from current school owner for proof of **500 hours**.
- Sample of contract and sample of service record.
- Statement of whether classroom instruction is offered.
- Proposed yellow page (phone directory) advertisements. Other proposed advertisements.
- Photocopy of money receipts.
- Proof of Worker's Compensation coverage for all employees.
- Original Certificate of Insurance in the amounts of \$250,000 bodily injury and \$50,000 property damage.

The certificate holder must read

NJ Motor Vehicle Commission PO Box 1, Trenton, NJ 08666-0172

- \$10,000 Surety Bond which must expire on December 31, of the applicable year. (Form Enclosed)
- Federal Tax Identification Number. (Attach copy of certificate).
- The fee for the issuance of a Driving School license is \$250.00, for a Branch location license \$200.00, for each initial Instructor license \$75.00, for each Authorized Agent license \$25.00 and for each Instructor's transfer \$3.00. A notification requesting payment for each license type will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable.

The following items must be "on-location" at the time of schedule site investigation:

- Landline telephone
- Telephone answering machine
- Locked file cabinet/safe
- Dual controlled vehicle(s) owned/leased registered in the Driving School or lessor

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APPLICATION FOR BUSINESS LICENSE

FOR OFFICE USE ONLY

License No. _____

_____ Date

Reg. No. _____

_____ Email

EIN # _____

Approved by _____

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

1. _____ Business Phone _____
Name of Business (if corporation, corporate name)

_____ Trade Name

2. Please Check

- Corporation Partnership Proprietorship
 Other _____

_____ Business Address

3. Please check appropriate box for applicable license:

- Leasing Company Driving School Private Inspection Facility
 Fleet Inspection Facility New & Used Motor Veh. Dealer Used Motor Veh. Dealer
 Auto Body (Full) Auto Body (Limited) Auto Body (Sublet)

City _____ Zip Code _____ County _____

Special Category Registration (Select one from options below)

- Auction Boat Dealer Converter Finance Insurer
 Leasing Manufacturer Non-Conventional Transporter

All applicants please provide the following information and attach copies of proof thereof:

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

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

Name	Title	Home Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have the owners, partners or officers ever been arrested, charged or convicted of a criminal or disorderly person offense in this or any other state?
 Yes If yes, explain: _____
 No

6. Has any current or prospective partner, officer, director, other controlling person, or employee of the applicant previously held a license issued under the authority of the Commission or any other state, which license was suspended or revoked and never reinstated?
 Yes _____
 No Give name and address of person _____

7. Do the owners, principals, partners or officers now hold, or have they ever held, any of the licenses listed in #3 or in 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 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 or formation papers.

13. Does the 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 this 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 and may subject the applicant to administrative, civil or criminal penalty. 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 regarding the operation of this business.
16. The individual(s) signing this application certifies that they have read the applicable statutes and are thoroughly familiar with the details provided and potential penalties.

I, the undersigned, hereby certify that I am the _____ of the above business named _____
 President, Owner, Officer, Member

and that the information I have submitted is true. I am aware that if any of the statements are willfully false, I am subject to penalty.

 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, Owner, Officer, Member

 Signature of Secretary/Member/Partner

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APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME				BUSINESS PHONE NUMBER			
1. APPLICANT FULL NAME (Including Middle and Suffix, if any)							
2. STREET ADDRESS							
3. CITY			4. STATE		5. ZIP CODE		6. COUNTY
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?					8. HOME PHONE NUMBER		
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED, OVER THE LAST 20 YEARS AND HOW LONG YOU LIVED IN EACH.							
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)				12. SEX
13. HEIGHT		14. WEIGHT		15. COLOR OF EYES		16. DRIVER LICENSE NUMBER	
17. SOCIAL SECURITY NUMBER* _____							
<p>*You must disclose your Social Security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.</p> <p>Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law and <u>N.J.S.A. 2A:17-56.7 et seq.</u> of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:</p> <ul style="list-style-type: none"> a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; <u>and</u> b. the Probation Division or any other agency responsible for child support enforcement, upon request 							
<p>18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE</p>							
<p>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL AND/OR CRIMINAL PENALTY.</p>							
SIGNATURE: _____				DATE: _____			

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CHILD SUPPORT CERTIFICATION FORM

Business Name _____

Applicant's Name (Print) _____

Date of Birth _____

Social Security Number _____

*You must disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a et seq. of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- a. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records;

and
- b. The Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7a et seq., responses to the questions listed below are required. Intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license, or criminal prosecution.

1. Do you have a child support obligation? Yes No

2. If yes, does the amounts in arrears 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 if any of the foregoing statements are willfully false, I am subject to penalty.

Signature _____

Date _____

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Fingerprint Request Notification

In accordance with New Jersey law, all dealerships (applicants as defined in N.J.A.C 13:21-15.1 only) driving schools (applicants and instructors), auto-body shops (applicants), and private inspection facilities (applicants and inspectors), are required to undergo a live scan criminal background check by the State approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Services 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. If an e-mail address is provided, the fingerprint request notification form will be e-mailed to you. Otherwise, it will be mailed.

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Fingerprint Request Notification Form

Business Name: _____ Date: _____

Clearly PRINT the requested personal information for the applicable license type: dealerships (applicants as defined in N.J.A.C. 13:21-15.1 only), driving schools (applicants and instructors), auto-body shops (applicants), and private inspection facilities (applicants and inspectors).

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Copy and submit additional sheets if needed.

DRIVING  FORWARD

Visit us at www.NJMVC.gov

New Jersey is an Equal Opportunity Employer



STATE OF NEW JERSEY
Motor Vehicle Commission

SURETY BOND OF DRIVING SCHOOL

Bond No. _____

Effective Date _____ Expiration Date _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
(Business Name)

as Principal, and _____, a Surety Company qualified and duly licensed to do business in the State of New Jersey, as Surety, are held and firmly bound unto the **PEOPLE OF THE STATE OF NEW JERSEY**, in the penal sum of **TEN THOUSAND AND NO/100DOLLARS** (\$10,000.00), lawful money of the United States of America, for the payment of which, well and truly made, the undersigned Principal and Surety bind themselves, their respective heirs, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The **CONDITION** of the foregoing obligation is such, that whereas Principal has made, or is about to make, application to the State of New Jersey for a **DRIVING SCHOOL LICENSE**.

NOW THEREFORE, if the Principal in its business of operating a Driving School shall not practice any fraud and shall not make any fraudulent representations which cause monetary loss to a person taking instruction from the school, then this obligation will be null and void, otherwise to remain in full force and effect.

This bond shall be effective on _____ day of _____, 20_____, and shall run concurrently with the period of the license granted to the Principal, and shall remain in the full force and effect for any renewals thereof, provided, however, that the penalty of said bond shall not be cumulative from year to year, and the total liability of Surety herein shall not exceed the sum of \$10,000.00, regardless of the number of license periods for which said bond is in force.

It shall be the responsibility of the surety to notify the New Jersey Motor Vehicle Commission

immediately upon the payment of any funds which decrease the liability of the surety under this bond, and immediately upon acquiring knowledge of a final judgement for which the surety is liable under the bond.

This bond may be canceled by the Surety upon the Surety serving written notice upon the Motor Vehicle Commission of its desire to cancel, and the cancellation date shall be thirty (30) days from the date said notice of cancellation is received.

IN WITNESS WHEREOF the said Principal and Surety have hereunto signed these presents
this _____ day of _____ 20 _____

CORPORATE SEAL

Principal (Licensee)

Signature & Title (Licensee)

Sworn to and subscribed before

Me this _____ day of
_____ 20 ____.

Surety (Firm's Name)

Signature
Notary Public of New Jersey

Address of Surety

County

Attorney-in-Fact for Surety

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DRIVING SCHOOL BUSINESS HOURS

Business Name: _____ License No.: _____
Street Address: _____ City: _____ Zip: _____

Please indicate the days and time your business will be open:

MONDAY..... From _____ To _____
TUESDAY..... From _____ To _____
WEDNESDAY..... From _____ To _____
THURSDAY..... From _____ To _____
FRIDAY..... From _____ To _____
SATURDAY..... From _____ To _____

I certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to punishment.

Owner's Name (Print): _____ **Title:** _____
Owner's Signature: _____ **Date:** _____

DRIVING SCHOOL

SUBJECT: Approved behind-the-wheel course for Commercial Driving Schools Special learner permits.

It is mandatory that the following listed instructions be included in all courses given by a commercial driver school to students utilizing a special learner's permit. The course must be a minimum of six hours actual behind-the-wheel instruction.

Starting

Adjusting of seat, mirrors
Seat belts
Check parking brake
Gear shift in proper position Ignition switch on
Starting of engine

Signaling

Check traffic
Putting vehicle in motion

Stopping

Checking traffic
Signaling
Proper position
Stopping vehicle smoothly and safely Gear shift in proper position
Setting parking brake
Shutting engine off

Steering

Proper hand positions on wheel
Proper grip on wheel
Center of lane
Aim high in steering

Turning

Signaling
Vehicle Position
Right turns
Left turns
Right turn on red

Highway Driving

Lane Positioning
Signaling Changing lanes
Speed control
Merging

Intersections

Signaling
Lane positioning
Right of way
Passing

Three Point Turn

Signaling
Vehicle positioning
Checking of traffic
Turning

Parking

Signaling
Checking of traffic Vehicle positioning Hand position
Turning of wheel
Speed control
Proper gear position
Set brakes
Ignition off
Remove Key

Backing

Checking traffic

Hand position

Straight line

Speed control

Business Licensing Services
Bureau P.O. Box 168
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609-292-6500 ext. 5094

TO: DRIVING SCHOOL OWNERS

1. The initial instructor application, a \$75.00 check or money order made payable to NJMVC, Child support certification form and a copy of receipt for fingerprint scanning must be mailed to Business Licensing Services Bureau, Driving School Section, POB 168 Trenton, NJ 08666, after the applicant(s) has appeared for the tests.

2. Written and vision test will be administered when applicant appears at the Driver Testing Center. All applicants who wish to obtain an Initial Driving School Instructor's license may do so on a **walk in** basis between the hours of 8:00 a.m. and 11:00 a.m. at the following Driver Testing Centers and Inspection Stations:

Cherry Hill Driver Testing Executive Campus Ste 110 Bldg # 1 Cherry Hill NJ 08002	WRITTEN TEST ONLY
Cherry Hill Inspection 617 Hampton Rd. Cherry Hill NJ 08002	ROAD TEST ONLY
Eatontown Driver Testing 109 Rt. 36 Eatontown NJ 07724	WRITTEN & ROAD TEST
Miller Air Park Driver Testing Rt. 530 & Mule Rd. Berkeley Twp NJ 08721	Tuesday, Wednesday, Thursday WRITTEN & ROAD TEST
Rahway Driver Testing 1140 Woodbridge Rd. & Hazelwood Ave. Rahway NJ 07065	WRITTEN & ROAD TEST
Trenton Driver Testing (Bakers Basin) 3200 Brunswick Pike (Rt. 1) Lawrenceville NJ 08648	WRITTEN & ROAD TEST
Wayne Driver Testing 481 Rt. 46 West Wayne NJ 07470	WRITTEN & ROAD TEST
West Deptford Driver Testing 215 Crown Point Road Thorofare NJ 08086	WRITTEN TEST ONLY

3. Scheduling the road test will be made by the Driver Testing Center after the vision and written testing phase has been successfully completed. The road test **may** be scheduled the same day if time and staffing allows. If the road test is full, the test will be scheduled on the next available day.

4. The license will not be issued until we receive the results of the instructor test and the fingerprint check.

Business Licensing Services
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DRIVING SCHOOL - INITIAL INSTRUCTORS LICENSE APPLICATION

FEE: \$75.00

D.L. Check _____ Instructor License Number _____
Expires _____

To be submitted to Motor Vehicle Services for the purpose of securing approval to engage in motor vehicle driving instructions by an owner, officer or employee (full or part-time) in connection with a driving school license pursuant to the provisions of 39:12 R.S.

ALL APPLICANTS ARE REQUIRED TO PASS A KNOWLEDGE TEST, VISION TEST, DRIVING INSTRUCTION TEST AND JUDGMENT OF DRIVING ABILITY TEST GIVEN BY MOTOR VEHICLE SERVICES, AND ARE REQUIRED TO SUBMIT TO FINGERPRINTING.

The Instructor applicant will complete both sides of this application.

Date _____

Print Name _____ Telephone No. _____

Resident Address _____
(Street) (City) (State) (Zip Code)

PERSONAL DESCRIPTION:

Date of Birth _____ Weight _____ Height _____ Color Eyes _____

Any Permanent physical marks? Yes No If so, describe _____

Do you possess a current N.J. Driver's License? Yes No

N.J. Driver License No. _____ Expiration Date _____

Have you held a N.J. Driver License for the last four consecutive years? Yes No

If no, give residence address in state where you were previously licensed _____

NOTE: You must submit a certified abstract of your driving record if the state of licensure is other than New Jersey, and a copy of your Drivers License.

Has your driver license privilege ever been suspended or revoked in this or any other state?

Yes No If yes, give particulars

Name of Driving School _____

Address of Driving School _____
(Street) (City) (State) (Zip Code)

State your position with driving school. Owner Partner Officer Employee

Have you ever applied for a Driving School Instructor License, or Driving School License in this or any other state? Yes No

Have you ever been denied a driver's license, a driving instructor license or a driving school license in this or any other state?

Yes No If yes, give particulars

Have you ever been convicted of inducing another to resort to fraud or fraudulent practices in relation to securing a license to drive a motor vehicle or motorcycle? Yes No

If yes, give particulars

Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? Yes No If yes, give particulars

CIVIL AND FEDERAL OFFENSE HISTORY (INCLUDING COURT MARTIAL) (RECORD ALL ARRESTS AND CONVICTIONS)

Date	Offense	Court Disposition	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

I, THE UNDERSIGNED, DECLARE THAT I AM THE APPLICANT NAMED HEREIN, KNOW THE CONTENTS OF THIS APPLICATION, AND CERTIFY THE CONTENTS HEREIN TO BE TRUE.

(Signature of Applicant) _____
(Date)

SCHOOL OWNER'S STATEMENT OF CONSENT

I am the owner, or partner or officer of the Driving School listed herein, and believing the information given herein is true, hereby endorse consent in the issuing of an instructor license to the applicant.

(Signature)

(Title)

(Date)

Initial instructor applicants are required to submit to tests prescribed by the Chief Administrator to determine that they possess the minimum qualifications for licensing.

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"AUTHORIZED AGENT" APPLICATION - DRIVING SCHOOL

Initial _____ DL Check _____

Renewal _____

Name (Print) _____ Phone No. _____

Address _____

City, State, Zip Code _____

Age _____ Date of Birth _____ Height _____

Weight _____ Color of Hair _____ Color of Eyes _____

Driver's License No. _____ Expires _____

State of Licensure _____

Driving School by whom you are to be employed _____

Answer the following questions:

1. Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? _____ If "yes" explain.

2. Have you ever had your driving privileges suspended or revoked in this or any other state? _____ If "yes" explain.

3. Have you ever been refused a drivers license in this or any other state? _____ If "yes" explain.

SIGNATURE OF APPLICANT

DATE

The following is to be completed by Driving School Owner.

I hereby certify that the applicant here named is applying with my authorization, for approval to act as an "Authorized Agent" for the _____ Driving School.

It is understood that the "Authorized Agent" shall be permitted to transport the school's students to a Driver Testing Center to take the driving test portion of the driver's examination or to purchase a permit.

SIGNATURE OF SCHOOL OWNER, PARTNER OR OFFICER

DATE

INSTRUCTIONS TO APPLICANT

This application must be accompanied by:

1. A certified abstract of your driving record from the Driver's Licensing State if other than New Jersey (initial and renewal), and a copy your Driver's License.
2. FEE. \$25.00 (one year period). Check or money order made payable to NJ Motor Vehicle Commission or NJMVC Business License Compliance.

This application is to be submitted to Motor Vehicle Commission, Business License Services, P.O. Box 168, Trenton, New Jersey 08666-0168.

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
P.O. BOX 170
TRENTON, NEW JERSEY 08666-0170

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant Information

Applicant Name: _____ Title _____
Business Name: _____ Business Phone: _____
Street Address (include suite #) _____
City _____ Zip _____

Approval Classification of Applicant

A. Please check appropriate box:

- Initial
- Change of Address
- Branch Location
- Existing Facility Zoning Compliance**

B. Please check appropriate type of license:

- Boat Dealer
- Driving School
- Used Motor Vehicle Dealer
- New & Used Motor Vehicle Dealer (**Please specify type of vehicle**)

- Leasing Company
- PIF

- Auto Body Facility (Check all that apply)**
 - _____ Full Service Auto Body
 - _____ Limited Full Service Auto Body
 - _____ Sublet Auto Body (new car dealer)
 - _____ Heavy Duty Vehicle Endorsement

Municipal Zoning Official Certification

I, _____, Clerk of the Municipality of _____,
County of _____, State of New Jersey, hereby certify that the Municipal Governing
Body or Zoning Commission has approved the location, establishment and maintenance of the above indicated business
located at: _____
(Complete Address)

Please check appropriate box:

- Site was visited by a Zoning Official/ Municipal Representative prior to approval
- Site was not visited by a Zoning Official/ Municipal Representative prior to approval

Please specify any stipulations of your zoning approval: _____

Municipal
Seal

Signature of Municipal or Zoning Board Clerk

Date

Print Name