

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.

Business Licensing Services Bureau
P.O. Box 170
Trenton, NJ 08666-0170
609-292-6500 ext. 5014
mvcblsprocessing@mvc.nj.gov

PLEASE READ CAREFULLY

Enclosed are the application and supplemental forms necessary to apply for an auto body repair facility initial license. If you are engaged in the business of performing auto-body repair and/or auto-body painting services you must be licensed.

If you commence auto-body work without a license, you will be in violation of New Jersey Auto-Body Repair Facility Act, N.J.S.A. 39:13-1 et seq., which states , “No person may engage in the business of an auto-body repair facility unless it is so licensed by the Commission”. Pursuant to N.J.S.A. 39:13-6, the Chief Administrator of the New Jersey Motor vehicle Commission has the power and authority to issue an order to cease and desist from operating an auto-body repair facility without a license to do so. The Chief administrator may also impose upon an auto-body repair facility operating without a license a civil penalty of up to \$5000.00 for the first offense and up to \$20,000.00 for the second and each subsequent offense.

In accordance with recently adopted regulations, each applicant for an auto-body license shall have an established place of business at the time such license is issued. An established place of business must have an exterior sign, a suitable office and be in conformance with the requirements of the municipality in which it is located. It is imperative that the municipal or zoning board clerk complete the enclosed approval certificate form. However, we will accept a photocopy of a certificate of occupancy in lieu of the completed approval certificate.

Insurance coverage requirements for damage to property and liability arising from bodily injury:

- (a) Garage liability or equivalent commercial general liability insurance in the minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; and
- (b) Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000; and
- (c) Workers Compensation insurance or a statement advising no employees.

During the licensing process, all correspondence between the New Jersey Motor Vehicle Commission and the applicant, will be mailed to the applicant's business address.

The fee for the license is \$350.00 plus an additional non-refundable application fee of \$20.00. A notification requesting payment of the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. Please return the completed application to this office with all required documents. If you have any questions, please call (609)292-6500 ext. 5014 or e-mail us at mvcblsprocessing@mvc.nj.gov.

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609-292-4400

AUTO BODY INITIAL LICENSE APPLICATION CHECKLIST

In order to ensure prompt processing of your Auto-Body Application, please submit all documents listed below:

- Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- License application and municipal approval.
- Supplemental 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.
- 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.
- Copy of property deed or lease.
- Business Hours Form (Enclosed).
- Municipal Approval Certificate for Business License (Enclosed).
- Federal Tax Identification Number. (Attach copy of certificate).
- NJ Sales Tax Identification Number. (Attach copy of certificate).
- Workers' compensation insurance or a statement advising no employees. Please note that if employees are hired after the license has been issued, you must submit workers' compensation insurance at that time.
- Insurance coverage requirements for damage to property and for liability arising from bodily injury (both Full Service and Limited Full-Service applicants):
 - Garage liability or equivalent commercial general liability insurance in a minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; **and**
 - Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000

The certificate holder must read NJ Motor Vehicle Commission Auto Body Unit, PO Box 172, Trenton, NJ 08666-0172
- Statement advising if your facility will be performing painting services.
- Copy of telephone bill or a telephone installation order for the business.
- Photographs of the auto body repair facility showing signs and other advertising media.
- Current certificate of inspection from the fire marshal for the building
- Evidence of completion from a recognized auto body class; at least one class must be taken within one (1) year preceding issuance of the initial license.
- Stack permit or letter of exemption from DEP for spray booth.
- Provide signed agreement (sample enclosed) if the below listed services will be performed by a facility other than yourself: () structural repairs () vehicle four-wheel alignment () air conditioner servicing () mechanical repair as a result of collision damage.
- If your auto body repair facility will not be spray painting, please contact this office for additional forms. Prior to your Auto Body repair facility license being issued, a site inspection will be conducted. An investigator from the Commission will contact you.

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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: _____			

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

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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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I, _____, owner of _____
(Subcontractor)

located at _____ hereby certify that I have

entered into an agreement with _____ located
(Autobody Licensee)

at _____ to perform the below

listed service:

- Four-Wheel Alignment
- Air Conditioner Servicing
- Mechanical Repairs
- Structural Repairs (Frame Machine)
- All of the above services are preformed in

house

I understand that this document will be attached to his/her New Jersey Full Service Auto Body Repair Facility License.

Signature Subcontractor

Signature Licensee

Date

New Jersey Department of Environmental Protection
Office of Local Environmental Management
Minor Source Compliance Investigations
P.O. Box 407
Trenton, NJ 08625-0407

To Whom It May Concern:

I have been informed that an air pollution permit is no longer required by the Department as established in N.J.A.C. 7:27-8.2(a) (Eleventh Amendment operative June 12, 1998) since my coating application will **NEVER EXCEED** ½ GALLON PER HOUR AND MY Spray booth DOES NOT contain a heating device with a rating of 1,000,000 BTU's or greater. As such, I am requesting deletion of the following surface coating permit(s) /certificat(s) and hereby certify under penalty of law that I believe the information provided in this document is true, accurate, and complete.

I understand that if at any time our coating rate does exceed the applicability threshold of ½ gallon in any one hour or the heating device does equal or exceeds 1 million BTU's, it is my responsibility to apply for the necessary permit(s) and certificate(s).

I further understand that if I exceed these thresholds and fail to apply for the necessary permit(s) and certificate(s) I may be subject to an enforcement action which may include civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature: _____

Title: _____

Name of Facility: _____

Address: _____

Phone#: _____

Program Interest ID#: _____

Activity Number ID#: _____

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.

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AUTO-BODY BUSINESS HOURS

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

Please indicate the days and time your business will be open to the public

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: _____