
STATE OF NEW JERSEY

To process your recent request to obtain boat dealer registrations, we need the following:

- Initial application must be completed
- Two photographs showing your building and sign
- Notarized statement on your letterhead stating you will not use the dealer registrations for pleasure purposes and that you are not becoming a dealer to avoid payment of sales tax. The statement must also contain an estimate of how many new and used boats you expect to sell in a year
- Copy of a certificate of authority issued by the Division of Taxation. To obtain this certificate and a 9-digit sales tax number call (609) 292-6400
- If your business is a corporation, please submit corporation papers
- If your business is a LLC, please submit the formation papers
- Certificate of Insurance which reflects yacht dealer liability coverage for demonstration and test rides covering all owned boats
- The certificate must read:
 - Motor Vehicle Commission
Business Licensing Services Bureau
PO Box 171 Trenton, NJ 08666
- Color photographs of owner, partners, officers, or members
- Business check or money order made payable to "NJMVC" in the amount of \$75

Upon receipt of these items, an investigation of the business will be set up. Once approved, four boat dealer registrations and decals will be issued and mailed to your business.

Enclosed, for your convenience, is a return envelope.

Business Licensing Services Bureau

(Rev. 11/11)

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:

Corp Code _____

 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:

A. NJ Sales Tax Identification Number _____

 Leasing Company

 New & Used Motor Vehicle Dealer

B. NJ Unemployment Registration Number _____

 Driving School

 Auto Body Repair Facility

C. Federal Employer Identification Number _____

 Moped Dealer

 Used Motor Vehicle Dealer

 Junkyard

 Fleet DEIC

 Private Inspection Facility

 DEIC

 Fleet Fleet Inspection Facility

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

 Other _____

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 _____

 No Give name and address of person

7. Have the owners, partners or corporate officers ever held any of the above licenses?

 Yes

 No If yes, please explain the type of license and license numbers _____

BUSINESS LICENSING SERVICES BUREAU

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) | |
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| SIGNATURE: _____ DATE _____ | | | |



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171

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, Officer or Member _____

Date _____