



# **New Jersey Motor Vehicle Commission**

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

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 (*Auction, Boat Dealer, Converter, Financing, Insurer, Leasing, Manufacturer, Non-Conventional and Transporter*)
- Auto Body Shops (*Full, Limited and Sublet Services*)
- 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 (if applicable) 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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## 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

Other \_\_\_\_\_

\_\_\_\_\_ Street Address

#### 3. Please Check appropriate box for 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]

Special Category (Select one from options below)

Auction    Boat Dealer    Converter    Finance    Insurer

Leasing    Manufacturer    Non-Conventional    Transporter

\_\_\_\_\_ City                      \_\_\_\_\_ Zip Code                      \_\_\_\_\_ County

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### 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 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. 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

10. Does any stockholder own more than 10% of the corporation's stock?

Yes If yes, give name, address and holding

No

11. \_\_\_\_\_

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.

12. 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.

13. 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 or Member

\_\_\_\_\_

Signature of Secretary/Member/Partner



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## NEW CAR DEALER AUTO BODY SUBLET AGREEMENT

I, \_\_\_\_\_, owner of \_\_\_\_\_  
Owner, Partner Or Corporate Officer's Name (please print) New Car Dealer / Applicant's Business Name Lic. No.

located at \_\_\_\_\_, hereby certify that I have entered  
Street, City, Zip Code

into a subcontracting agreement with \_\_\_\_\_ located at  
Auto Body / Subcontractor's Business Name Lic. No.

\_\_\_\_\_ to provide one or more of the services  
Street, City, Zip Code

listed hereunder.

### Purpose of the Agreement

*This is to certify that an agreement has been made between the above noted businesses to provide collision repair services and comply with Section 7 (C. 39:13-2.2 Qualifications for automobile dealer sublet license) of the New Jersey Autobody Licensing Law. This further confirms that the autobody facility is in possession of the required equipment, training and certification.*

*By signing this document each party agrees and hereby attests to the content of the agreement described herein. Each party has been given a copy of this agreement and each party understands and agrees that a copy of this document is to be submitted to the New Jersey Motor Vehicle Commission as part of the application for a New Car Dealer Sublet License Application, Form No. BLS-183.*

**Note: Please check all the services that will be provided by the subcontractor. If the Applicant will be performing all services, please check the last box on the list and sign where indicated.**

- Four-wheel alignment
- Mechanical repairs
- Spray painting Services
- Air Conditioning services
- Structural repairs (frame machine)
- All services will be provided by the Applicant

NEW CAR DEALER SIGNATURE: \_\_\_\_\_  
(OWNER, PARTNER OR CORPORATE OFFICER) DATE

FULL SERVICE AUTO BODY SIGNATURE: \_\_\_\_\_  
(OWNER, PARTNER OR CORPORATE OFFICER) DATE

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