



STEVEN M. FULOP
MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
4 Jackson Square, Jersey City, NJ 07305
Telephone # 201-547-5139
commerce@jcnj.org

ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

**NEW APPLICANT INSTRUCTIONS FOR
AUTO REPAIR AND AUTO BODY LICENSE**

1. Complete the application and have it NOTARIZED.
2. If you are a new applicant and you are going to open a new business, you need to bring the following documents to this office:
 - A) New Jersey State Sales Tax Certificate of Authority (CA-1) permit or certificate. You can get this at 124 Halsey Street, Newark New Jersey. (Bring a photo ID). Tel. # (973) 648-2121 or (973) 648-6190.
 - B.) State of New Jersey Business Registration Certificate. If you have any questions or require more information, feel free to call the Registration Hotline at (609) 292-9292.

Please make sure you bring the original documents; copies are not accepted. Both certificates must be displayed at your place of business as well as the Jersey City License. Also, I have attached a sample of each of these documents needed to facilitate the processing of this license.

3. If you are going to apply to become a licensed AUTO BODY shop, please go to the Division of Zoning at 1 Jackson Square to file a pre-application first. If the Division of Zoning approves your pre-application, you then must complete the State application. Access to this State application can be obtained via the Internet. Zoning Officer Nick Taylor must sign the State application before it is forwarded to the State of New Jersey. If providing " AUTO BODY" or "AUTO REPAIR/AUTO BODY" services:

ATTACH A COPY OF YOUR CURRENT STATE OF NEW JERSEY AUTOBODY SHOP

4. A Criminal Justice Background Investigation form must be completed and taken to the Jersey City Police Department Bureau of Criminal Investigation (BCI) at Jersey City Municipal Court Building, 365 Summit Avenue (Basement), for a Criminal Background check.

THIS APPLICANT NEEDS TO GO FOR BCI SCOFFLAW

For a B.C.I., you need the following:

Two forms of government ID (passport, visa, Social Security card or Driver's license).

\$20.00 cash or money order for BCI.

Please call B.C.I. at (201) 547-5412; (201) 547-6541 or (201) 547-5440 if you have any questions.

5. If your company is a corporation or partnership, each STOCKHOLDER or PARTNER is required to complete and submit a Criminal Justice Background Investigation form. Attach each to the application. If you are operating under a Trade Name, you must ATTACH a copy of your Trade Name Certificate (Hudson County Clerk at 257 Cornelison Ave., (201) 369-3470.
6. If your company is a CORPORATION or PARTNERSHIP, attach a copy of your CERTIFICATE OF INCORPORATION or PARTNERSHIP AGREEMENT. If you are not a corporation but have an LLC, please bring a copy of your LLC.
7. Attach two photographs of the front and inside of the building where the business is located. If the photograph does not show your business sign, ATTACH an additional photograph showing the business sign.

If you own the property at which the business is located, ATTACH a copy of the deed of the property. If you rent or lease, ATTACH a copy of the LEASE AGREEMENT. If the property has not yet been leased or rented, ATTACH an additional photograph showing the business sign.

8. Please bring your NJ Driver's License.

9. Please fill out the Employee Information and Verification form (to be completed by employer).

10. Fee is \$200.00. We accept business checks or money orders. WE DO NOT ACCEPT CASH.

NOTE: ALL NEW AUTO REPAIR/ AUTO BODY LICENSES require approval from the Division of Zoning, Division of Construction Code and the Jersey City Fire Department



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AUTO REPAIR APPLICATION
License Term November 1, 2021 thru October 31, 2022

Fee: \$200.00

License# _____

Check One: NEW APPLICATION

RENEWAL APPLICATION

Check One: AUTO REPAIR ONLY

AUTO REPAIR & AUTO BODY SHOP

Name of Business: _____

Trade Name: _____

Address: _____

Telephone # _____

City: _____

State: _____

Zip Code: _____

Check One: Corporation

LLC

Sole Proprietorship

Other

Owner Information

Name: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Cell Phone # _____

Email: _____

Driver's License Number: _____ State: _____

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

1. New Jersey Sales Tax Identification Number: _____
2. New Jersey Business Registration Number/ Tax ID: _____
3. New Jersey State Motor Vehicle ID Number (for auto body only): _____

STATE OF NEW JERSEY
COUNTY OF HUDSON

I, _____ BEING DULY SWORN TO LAW, UPON OATH, DEPOSES AND SAYS THAT I AM THE APPLICANT NAMED AND THAT THE ANSWERS TO THE QUESTIONS STATED ON THIS APPLICATION ARE TRUE AND COMPLETE.

(Signature of Owner)

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC SIGNATURE _____

FOR OFFICE USE ONLY

DENIED _____ APPROVED _____ AMOUNT \$200.00 CHECK/MONEY ORDER _____

Director's Signature: _____ Date: _____



**CITY OF JERSEY CITY DEPARTMENT OF HEDC
DIVISION OF COMMERCE
4 JACKSON SQUARE, JERSEY CITY, NJ 07305**

LIST OF EMPLOYEES

EMPLOYEE NAME	EMPLOYEE HOME ADDRESS	HOME TEL#	CELL#
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		



WAGE THEFT CERTIFICATION

This form will be part of the License Application. It is a required document to be completed by the applicant and its completion is an express condition to approval of the License Application.

CERTIFICATION STATEMENT: I have not been found guilty, liable, or responsible in any judicial or administrative proceeding of committing a violation of the NJ State Wage and Hour Law N.J.S.A 34:11-56; Wage Payment Law N.J.S.A 34:11-4; Hudson County Living Wage Ordinance (No. 363-6-2014,364-6-2014,365-6-2014 and PL: 1977,C.33), N.J.S.A 2C:40A-2, the Fair Labor standards Act, 29 U.S.C§201 *et seq.*, Section 3-76c of the Jersey City Municipal Code or any other federal or state law related to the payment of wages or the collection of debt owed due to unpaid wages. If I have been found liable as indicated herein within the last 24 months, I will provide the dates, location and nature of the wage theft claim, along with written evidence which demonstrates that the claim has been resolved.

I hereby certify that the information provided herein is true and accurate. I further certify that if any of the information provided herein is willfully false, I am subject to punishment.

Signature of Applicant _____

Print Name _____

Date _____

