



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  
IMPOUND LICENSE

1. Prior to submitting this application, you must thoroughly read and understand all requirements of Jersey City Code, Chapter 319 "Towing".
2. Complete this application in its entirety, including providing all required attachments.
3. Use "N/A" where necessary. Do Not Leave any Blank Spaces.
4. Incomplete applications and not providing all required attachments will render the applicant unqualified for an Annual License.
5. Print or Type all answers in ink. Do not use pencil.
6. Ensure application is signed/dated by the appropriate individual and notarized by a currently licensed notary public.
7. Include a check/money order made payable to "City of Jersey City".
8. Additional information may be requested after receipt of and review of the application and its attachments.
9. It is the applicant's responsibility to retain a copy for their records.
10. Ensure that the responsible individual can be easily reached and is readily available via the contact information provided.
11. Submit a Letter of Zoning Approval.
12. Photo of Office (exterior only).
13. Survey of the property to be licensed under this ordinance.
14. SUBMIT COMPLETED APPLICATION WITH ALL THE ATTACHMENTS AND PAYMENT TO THE DIVISION OF COMMERCE LOCATED AT 4 Jackson Square , J.C., N.J. 07305



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**IMPOUND OPERATORS LICENSE APPLICATION**  
**License Term March 1, 2022 thru February 28, 2023**

**Check One:**            **NEW APPLICANT**     **RENEWAL APPLICATION**

Check one: 300 VEHICLES \$2000.00  200 VEHICLES \$1500.00  150 VEHICLES \$1000.00

**BUSINESS INFORMATION:**

Name of Business: \_\_\_\_\_  
(As it should appear on license if approved)

Trading As: \_\_\_\_\_  
(includes any fictitious names, dba names, etc.-attach a separate page if necessary)

Physical Address of Business: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business Facsimile Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

24 HOUR CONTACT NAME AND TELEPHONE #: \_\_\_\_\_

Do you possess a towing License in the City of Jersey City? Yes  No   
If yes indicate the license Number: \_\_\_\_\_

Do you possess a towing license in another Municipality? Yes  No

If yes indicate the Municipalities Name, License Type and License Number: \_\_\_\_\_  
Police Rotation Yes  No

**Check One:** Corporation             LLC             Sole Proprietorship             Other

If the Business is a Corporation, provide: Date/Stamp of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_  
(Attach a copy of your Corporation Papers)

Address of Principal Office (if different than above):\_\_\_\_\_

Taxpayer Identification number (enter either Federal Employer Identification or Social Security #):

\_\_\_\_\_

List the name of the Principal Owner (if more than one Principal Owner, list all) and all other individuals involved in the management and operation of the business. For example, the sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers and shareholders (holding over 10% of the shares) of a corporation (attach a separate list if necessary).

| Individual's Full Legal Name | Driver License Number | Title |
|------------------------------|-----------------------|-------|
|                              |                       |       |
|                              |                       |       |
|                              |                       |       |

Does the applicant or any Stockholder or Partner have an interest in any other towing license issued within the City of Jersey City? **Yes**  **No**  Ownership Percentage \_\_\_\_\_ or Number of Shares \_\_\_\_\_  
 Name: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Has the Applicant or any Stockholder, Partner, Officer or Director of the Company for which this application is being submitted ever been convicted of any crime? **Yes**  **No**  **if yes, Complete below:**

| Name of Person | Date of Conviction | Nature of Offense |
|----------------|--------------------|-------------------|
|                |                    |                   |
|                |                    |                   |
|                |                    |                   |

If the Applicant or any Stockholder, Partner, Officer or Director is currently on Probation or Parole, list below:

Name \_\_\_\_\_ Position with Company \_\_\_\_\_

Name of Probation Officer: \_\_\_\_\_ Telephone # \_\_\_\_\_

In the past five (5) years, has the *Applicant or any Stockholder or Partner*, ever been denied a towing license by the City of Jersey City or ever had a towing license suspended, not renewed, revoked or canceled in the State of New Jersey? **Yes**  **No**  **if yes, provide the following details:**

Company Name \_\_\_\_\_ Approx. Date: \_\_\_\_\_

Reason for Action:

\_\_\_\_\_  
 \_\_\_\_\_

Action imposed by (Name of Local Issuing Authority) \_\_\_\_\_

**VEHICLE STORAGE LOCATION**

LICENSE APPLICANTS: ATTACH A COPY OF YOUR GARAGEKEEPERS' INSURANCE LIABILITY POLICY  
(CITY OF JERSEY CITY MUST BE LISTED AS ADDITIONALLY INSURED)  
LIST ALL VEHICLE STORAGE LOCATIONS (INCLUDE BLOCK/LOT NUMBERS):

ADDRESS: \_\_\_\_\_ BLOCK# \_\_\_\_\_ LOT# \_\_\_\_\_

DIMENSIONS OF STORAGE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BLOCK# \_\_\_\_\_ LOT# \_\_\_\_\_

DIMENSIONS OF STORAGE FACILITY: \_\_\_\_\_

**NOTARIZED STATEMENT**

(Action imposed by (Name of Local issuing Authority)

STATE OF NEW JERSEY  
SS  
COUNTY OF HUDSON

I, \_\_\_\_\_ BEING DULY SWORN TO LAW, UP 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 Applicant)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

**FOR OFFICE USE ONLY**

DENIED \_\_\_\_\_ APPROVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK/MONEY ORDER \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

