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MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
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ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

JUNKYARD LICENSE APPLICATION
License Term June 1, 2022 – May 31, 2023

LICENSE # _____

License Fee \$1,000.00

Company Name: _____ Trade Name: _____

Business Address: _____

Business Telephone #: _____ Contact Person Telephone # _____

Is the Applicant a Corporation _____ Partnership _____ Sole Owner _____

If a Corporation: Address of Principal Office (if not the same as above) _____

If the Business applying for this application is either a Corporation or a Partnership,
(Attach Copy of Stockholder/Partnership Disclosure)

E-Mail Address: _____

Has any Stockholder, Partner, Officer or Director of the Company for which this renewal application is being submitted, been convicted of any crime since the last application?

YES _____ No _____ If "YES" complete below:

Date of Conviction: _____/_____/_____ Nature of Offense: _____

Have you ever had a license denied or revoked? Yes _____ No _____

(if YES, attach a separate sheet with details)

Type of Materials Stored at the Location: _____

Number of Years Business Conducted at this Location: _____

Description of Property: (Include Block & Lot Numbers) Block _____ Lot _____

NAME AND ADDRESS OF PERSON COMPLETING THIS APPLICATION

Name: _____ Address: _____

Date of Birth: _____

Driver's License# _____ Your Position with the Company: _____

NOTARIZED STATEMENT

STATE OF NEW JERSEY

SS:

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.

Sworn to and subscribe before me this _____ day of _____ 20 _____ AFFIX

NOTARY SIGNATURE: _____ APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

DENIED _____ APPROVED _____ AMOUNT _____ CHECK/MONEY ORDER# _____

Director's Signature: _____ DATE: ____/____/____



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 _____

