



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

**MECHANICAL AMUSEMENT DEVICE DISTRIBUTOR LICENSE APPLICATION**  
**License Term January 1, 2022 – December 31, 2022**

License # \_\_\_\_\_

CHECK ONE  NEW APPLICATION  RENEWAL APPLICATION

FEES: \$500.00

Name of Distributor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

N.J. State I.D Number: \_\_\_\_\_ Date/State of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License# \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

**IF THE APPLICANT IS A CORPORATION OR PARTNERSHIP, COMPLETE THE ATTACHED STOCKHOLDER/PARTNERSHIP DISCLOSURE FORM.**

DOES THE APPLICANT OR ANY OF THE STOCKHOLDERS OR PARTNERS HAVE A PAST CRIMINAL CONVICTION?  
YES  NO

ATTACH A LISTING OF ALL CLIENTS AND THEIR ADDRESSES THAT YOU DISTRIBUTE MECHANICAL AMUSEMENT DEVICES TO WITHIN CITY OF JERSEY CITY

OPERATOR  OWNER/OPERATOR  COIN OPERATED JUKEBOX ONLY NUMBER OF MACHINES \_\_\_\_\_

NAME OF MACHINE	SERIAL No.	NAME OF BUSINESS	ADDRESS	TELEPHONE

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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY

APPLICATION DENIED \_\_\_\_\_ APPROVED \_\_\_\_\_ AMOUNT PAID \$\_\_\_\_\_ CHECK # \_\_\_\_\_

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 \_\_\_\_\_

