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ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

COIN OPERATED JUKE BOX LICENSE APPLICATION
License Term January 1, 2022 – December 31, 2022

License # _____

CHECK ONE NEW APPLICATION RENEWAL APPLICATION

FEE: \$50.00 PER JUKE BOX OPERATOR OWNER/OPERATOR

Number of Machines for which this application is being submitted: _____

Business Name: _____ Telephone# _____

Address: _____ Block: _____ Lot: _____

Type of Business _____

N.J. State I.D Number _____ Liquor License number if Applicable: _____

Name of Applicant: _____ Home Telephone: _____

Home Address: _____ E-MailAddress: _____

Driver License# _____ Date of Birth: _____

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

COMPLETE BELOW FOR EACH MACHINE

	NAME OF MACHINE	SERIAL NUMBER	MANUFACTURER	MANUFACTURER'S ADDRESS
1				
2				
3				
4				

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: _____



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 _____