



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

STEVEN M. FULOP
MAYOR

ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

PARKING LOT LICENSE APPLICATION
License Term January 1, 2022 - December 31, 2022

License # _____

Check One **NEW APPLICATION** **RENEWAL APPLICATION**

Block: _____ Lot: _____ Square Feet: _____ Fee Per Square Foot Total Fee _____

Parking Lot Address: _____ Number of Parking Spaces: _____

Company Name: _____

Trade Name: _____

Company Address _____

Telephone Number at Parking Lot: _____ Alternate Telephone Number: _____

E-Mail Address: _____

Mailing Address: _____

Do you own or lease the property? Own Lease (Attach a copy of the Lease or Deed) Renewal applicants do not need to attach a copy if there haven't been any changes since your last application.

Name of Property Owner: _____ Telephone Number: _____

Address of Property Owner: _____

Is the company a Corporation LLC Partnership Sole Owner

Corporations, Partnerships or Limited Liability Companies must attach a copy of the Stockholder/Partnership Disclosure Form or LLC Formation.

TO BE COMPLETED BY CORPORATE APPLICANTS

Corporate Tax ID Number: _____ Date of Incorporation: ____/____/____ State: _____

Name of Registered Agent/ Representative: _____ Tel. No. _____

Address: _____

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Parking Lot License Application

Hourly Rates (attach additional sheet if necessary)											
1 st Hour	2 nd Hour	3 rd Hour	4 th Hour	5 th Hour	6 th Hour	7 th Hour	8 th Hour	9 th Hour	10 th Hour	11 th Hour	12 th Hour

Daily Rates		Weekly		Monthly	
Other Rates					

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Of Operation	From							
	To							
Attendants On duty	From							
	To							

-----, being duly sworn to law and says that he/she is an individual, applicant, stockholder, or member of the partnership, and in the instance of corporate partnership ownership, is authorized to sign this application on behalf of the corporation or partnership; and that the contents of the application are true and complete, under penalty of law.

Signature of Applicant

Payments (All payments payable to City of Jersey City.) Money Order, Certified Checks, or online
<https://www.paylocalgov.com/JerseyDivisionCommerce/>

Submissions
(Electronic Submissions Preferred.)

Mail: Division Of Commerce
4 Jackson Square
Jersey City, NJ,07305

Email: Commerce@jcnj.org

New applicants must obtain approval from the Division of Zoning. Please use the attached link to apply:
Zoning Determination Letter (ZDL) Application

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 _____