



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
SECOND HAND DEALER CLASS 'A'**

1. ZONING APPROVAL MUST BE OBTAINED PRIOR TO THE ISSUANCE OF THIS LICENSE
2. The Applicant must file an approved bond in favor of The City of Jersey City in the general sum of \$1500.00
3. TWO PHOTOGRAPHS AND FINGERPRINTS ARE REQUIRED.

The applicant must provide 2 photographs taken not more than 60 days prior to filing this application. The photographs must be two inches in height and width (2"x2") and be a frontal view of the applicant face and shoulders (the applicant shall not be photographed wearing any hat, cap or sunglasses)

SOLE OWNERSHIP- 2 photographs and fingerprints are required of each individual applicant.

PARTNERSHIP – 2 Photographs and fingerprints are required of each partner.

CORPORATION- NO PHOTOGRAPHS REQUIRED- However, all officers must be fingerprinted, as well as any stockholder of ten percent (10%) or more of the stock.

THIS APPLICANT NEEDS TO GO TO BCI SCOFFLAW

4. The applicant must have two (2) bona fide forms of identification (a SOCIAL SECURITY CARD and a PHOTO ID) and submit to a Criminal history search and fingerprinting conducted by the Bureau of Criminal Identification of the Jersey City Police Department.

There is a \$20.00 processing fee for a local background and scofflaw check, conducted by the Bureau of Criminal Identification of the Jersey City Police Department- located at 365 Summit Avenue (Municipal Court House Bldg.)

There is a \$41.00 fee payable to the New Jersey State Police for a State background check.

APPLICATION/ REQUIRED DOCUMENTATION

5. The Application must be FULLY COMPLETED, NOTARIZED and include the following:
 - a.) If operating under a Trade Name- ATTACH a certified copy of the trade name certificate.
 - b.) If a Partnership- ATTACH a partnership certificate and COMPLETE a stockholder/ partnership Disclosure Form.
 - c.) If Corporation- ATTACH a copy of the filing receipt for the Certificate of Incorporation from the New Jersey Secretary of State) A Corporation from outside the State of New Jersey must furnish proof of its authority from the Secretary of State to conduct business in New Jersey). The Corporation must COMPLETE a Stockholder/ Partnership Disclosure Form.
6. IF YOU ARE NOT A UNITED STATES CITIZEN- YOU MUST PRESENT an original and valid United States document giving you authorization to work in the United States.

IF YOU ARE A NATURALIZED CITIZEN- YOU MUST PRESENT your naturalization Certificate or Personal registration card from the Board of Elections for proof of Citizenship.

7. Make LICENSE CHECKS payable to the City of Jersey City.
8. If the applicant is leasing the property where the business is being conducted he/she must attach a copy of the lease agreement.
9. Fill out Wage Theft Certification

NOTE: ALL OF THE ABOVE MUST BE COMPLETED BEFORE A LICENSE IS ISSUED



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SECOND HAND DEALER LICENSE CLASS "A"
License Term January 1, 2022 thru December 31, 2022

LICENSE # _____

FEE: \$200

Check One

NEW APPLICANT

RENEWAL

NJ TAX ID NUMBER: _____

Name of Second Hand Business: _____

Trade Name (if any): _____
 (ATTACH A CERTIFIED COOPY OF YOUR TRADE NAME CERTIFICATE)

Business Address: _____

Telephone Number _____ Cell Phone Number _____

Email Address: _____

Is the property where the business is being conducted owned by the applicant: YES NO
 If 'NO', ATTACH A COPY OF YOUR LEASE AGREEMENT and complete section below.

Homeowner's Name: _____ Telephone _____

Address: _____

Description and type of merchandise being sold: _____

IF BUSINESS IS "SOLE OWNED" - COMPLETE THIS SECTION

Name of Owner: _____ Telephone # _____

Home Address: _____ Email _____

Date of Birth: ___/___/___ Place of Birth: _____

Are you a U.S Citizen? YES NO (If you are not a U.S. Citizen, an original and valid United States document giving you authorization to work in the U.S. must be provided at the time of filing this application)

If you are a Naturalized Citizen, complete section below:

Date of Naturalization: ___/___/___ Petition Number: _____ Court in which Granted: _____

Have you ever been convicted of any crime) if a renewal application, since your last application) or are you now under any charges for any crime, misdemeanor or violation of any municipal ordinance? YES NO

If "YES" complete below.

Name of Individual: _____ Date of Conviction: ___/___/___

Nature of Crime: _____

Name of Parole/ Probation Officer: _____ Telephone Number _____

IF APPLICANT IS A CORPORATION OR PARTNERSHIP- YOU MUST COMPLETE A STOCKHOLDER/PARTNERSHIP DISCLOSURE FORM

INDIVIDUAL COMPLETING APPLICATION

Name of individual completing application: _____

Home Address: _____

Telephone Number _____ Email: _____

Date of Birth: ___/___/___ S.S # _____ Driver's Lic # _____ State: _____

Position: Stockholder _____ Partner: _____ Owner _____ Other: (Name) _____

NOTARIZED STATEMENT

STATE OF NEW JERSEY:
COUNTY OF HUDSON: SS

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

(Applicant's Signature)

Sworn to and subscribed before me this _____ day of _____ 20 _____

(Signature of Notary)

AFFIX SEAL

FOR OFFICE USE

DENIED _____ APPROVED _____ AMOUNTS\$ _____ CHECK# _____

Director Signature: _____ Date: _____



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CRIMINAL JUSTICE BACKGROUND AND SCOFFLAW VIOLATION CHECK

INSTRUCTIONS TO APPLICANT: Complete the “shaded Section” below. Bring it ONLY to the Jersey City Police Department, Bureau of Criminal Investigation (B.C.I.) at 365 Summit Avenue for fingerprints and completion. Return this form back to the Division of Commerce, 4 Jackson Square, as soon as possible to expedite the licensing process.

License Type: _____
Name: _____
(Last) (First) (MI)
Address: _____

S.S. # _____ Date of Birth: _____ Sex: _____
Driver's License# _____ State _____
License Plate: _____ State: _____

Scofflaw Violations Check

FINDINGS: NEGATIVE POSITIVE

COMMENTS: _____

COMPLETED BY: _____ DATE: _____

TITLE: _____ TEL. # _____

AUTHORIZATION WAIVER

This is to certify that I have applied for a license application provided by the City of Jersey City. I do hereby authorize the release of any and all information that may be maintained in the Jersey City Police Department files or in the files of any other criminal justice organization, including traffic records, arrest files, police reports, etc.

I also release all persons from liability which could result from furnishing said information. Furthermore, I authorize the Jersey City Division of Commerce and the Jersey City Police Department to Xerox, copy, fax or otherwise produce this original document. The reproduced copy of this document will be considered as effective and valid as the original

Signature: _____ Date: _____

JERSEY CITY POLICE DEPARTMENT- B.C.I.

FINDINGS NEGATIVE POSITIVE

COMMENTS: _____

Completed By: _____ Date: _____

Title: _____ Tel. # _____



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 _____