



**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

**SECOND HAND DEALER LICENSE CLASS B”**  
**License Term January 1, 2022 thru December 31, 2022**

LICENSE # \_\_\_\_\_

FEE: \$1000.00

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: \_\_\_\_\_

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 Number \_\_\_\_\_

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:  
SS  
COUNTY OF HUDSON:

\_\_\_\_\_, 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 ONLY)**

\_\_\_ APPROVED \_\_\_ DISAPPROVED AMOUNT \$ \_\_\_\_\_ CHECK/MO # \_\_\_\_\_

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 \_\_\_\_\_