



**HOUSING, ECONOMIC DEVELOPMENT & COMMERCE**  
 DIVISION OF COMMERCE  
 4 Jackson Square, Jersey City, NJ 07305  
 Telephone # 201-547-5139  
 commerce@jcnj.org

**STEVEN FULOP**  
 MAYOR

DEPARTMENT DIRECTOR  
 Annisia Cialone

DIVISION DIRECTOR  
 Maynard Woodson

**TIRE DISPOSAL APPLICATION**  
**License Term November 1, 2021 thru October 31, 2022**

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

Fee: \$25.00

Check One:            **NEW APPLICATION**

**RENEWAL APPLICATION**

**Business Information**

Name of Business: \_\_\_\_\_

Trade Name: \_\_\_\_\_

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

Telephone Number : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Check One:** Corporation

LLC

Sole Proprietorship

Other

**Owner Information**

Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

All applicants please provide the following information and attach copies of proof thereof:

1. New Jersey Sales Tax Identification Number: \_\_\_\_\_

2. New Jersey Business Registration Number/ Tax ID: \_\_\_\_\_

3. New Jersey State Motor Vehicle ID Number ( for auto body only): \_\_\_\_\_

**NOTARIZED STATEMENT**

STATE OF NEW JERSEY  
 COUNTY OF HUDSON

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.

\_\_\_\_\_  
 (Signature of Owner)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Notary Public)

**FOR OFFICE USE ONLY**

DENIED \_\_\_\_\_ APPROVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK/MONEY ORDER \_\_\_\_\_

Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF JERSEY CITY DEPARTMENT OF HEDC  
DIVISION OF COMMERCE  
4 JACKSON SQUARE, JERSEY CITY, NJ 07305**

**LIST OF EMPLOYEES**

EMPLOYEE NAME	EMPLOYEE HOME ADDRESS	HOME TEL#	CELL#
	<b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> <b>ZIP CODE:</b>		
	<b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> <b>ZIP CODE:</b>		
	<b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> <b>ZIP CODE:</b>		
	<b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> <b>ZIP CODE:</b>		



## 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 \_\_\_\_\_