



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

STEVEN M. FULOP  
MAYOR

ANNISIA CIALONE  
DEPARTMENT DIRECTOR

Maynard Woodson  
Division Director

### **NEW APPLICANT INSTRUCTIONS FOR TOWERS & TOWING**

1. Complete the application and have it NOTARIZED.
2. If you are a new applicant and you are going to open a new business, you need to bring the following documents to this office:
  - A) New Jersey State Sales Tax Certificate of Authority (CA-1) permit or certificate. You can get this at 124 Halsey Street, Newark New Jersey. (Bring a photo ID). Tel. # (973) 648-2121 or (973) 648-6190.
  - B) State of New Jersey Business Registration Certificate. If you have any questions or require more information, feel free to call the Registration Hotline at (609) 292-9292.

Please make sure you bring the original documents; copies are not accepted. Both certificates must be displayed at your place of business as well as the Jersey City License. Also, I have attached a sample of each of these documents needed to facilitate the processing of this license.

#### **THIS APPLICANT NEEDS TO GO TO BCI SCOFFLAW**

3. A CRIMINAL Justice background Investigation form must be completed and taken to the Jersey City Police Department Bureau of Criminal Investigation (BCI) at the Jersey City Municipal Court Building, 365 Summit Avenue (basement), for a criminal background check.
  - A) For a B.C.I. you need the following:
    - Two forms of government ID (passport, Visa, Social Security card or driver's license)
    - \$20.00 Cash or Money order for BCI
    - Please call B.C.I at (201)547-5412; (201)547-6541 or (201)547-5440 if you have any questions.
4. If your company is a corporation or partnership, each STOCKHOLDER or PARTNER is required to complete and submit a Criminal Justice Background Investigation form. Attach each to the application. If you are operating under Trade Name, you must ATTACH a copy of your Trade Name Certificate (Hudson County Clerk at 583 Newark Ave. (201-795-6112
5. If your company is a CORPORATION or PARTNERSHIP attach a copy of your CERTIFICATE OF INCORPORATION or PARTNERSHIP AGREEMENT. If you are not a corporation but have an LLC, please bring a copy of your LLC.
6. Other Items Required by the Division of Commerce.
  - A) Zoning Letter
  - B) Driver's License for all drivers.
  - C) Lot where Truck is parked
  - D) Registration on all vehicles
  - E) Insurance / Insurance Card on all vehicles
  - F) License Fee



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**TOWERS & TOWING APPLICATION**  
**License Term March 1, 2022 thru February 28, 2023**

(CHECK ALL THAT APPLY)

NEW APPLICATION  RENEWAL APPLICATION:   
License fees: Class A= \$1500.00  Class B= \$250.00   
Class "A" Light Duty/ Heavy Duty  Class "B" Light Duty/ Heavy Duty

License Type: Class "A" Rotation & Private Property Tower  Class "B" Non Rotation & Non Private Property Tower

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**Business Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_

**Class "A" License Applicants: Attach a copy of your Garage Keepers' Insurance Policy**

**Check One:** Corporation  LLC  Sole Proprietorship  Other

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If the business is a corporation, provide: Date/ Stamp of Incorporation \_\_\_\_\_ State \_\_\_\_\_

Address of Principal Office (if different than above) \_\_\_\_\_

**If this is your initial Application, provide a copy of your corporation papers/ LLC formation. If this is a Renewal Application and Corporation Structure changes have been made since your last application, attach a copy of the resolution.**

Does the applicant or any stockholder or partner have an interest in any other towing license issued within the City of Jersey City?

Yes  No  Percentage of ownership or Number of shares \_\_\_\_\_

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

Name of Company \_\_\_\_\_

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

Name of individual completing Application: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the Applicant or any Stockholder, Partner, Officer or Director of the Company for which this application is being submitted ever been convicted of a crime? Yes  No  if yes, complete below:

NAME OF PERSON	NAME OF CRIME	DATE OF CONVICTION

If the applicant or the Stockholder, Partner, Officer or Director is currently on probation or parole, list below:

Name of Applicant	Position with Company	Name of Probation Officer	Telephone Number

In the past five (5) years, has the Applicant or Stockholder or Partner, ever been denied a towing license by the City of Jersey City, or ever had a towing license suspended, not renewed, revoked or canceled in the State of New Jersey? Yes  No  if yes, provide the following details:

Company Name: \_\_\_\_\_ Approx. Date: \_\_\_\_\_

Type and Reason for action:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTARIZED STATEMENT**

Action imposed by (Name of Local issuing Authority)

STATE OF NEW JERSEY  
SS  
COUNTY OF HUDSON

I, \_\_\_\_\_ BEING DULY SWORN TO LAW, UP 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 Applicant)

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

Affix Seal

-----  
(Notary Public Signature)

Company Name: \_\_\_\_\_

Telephone# \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**LIST ALL VEHICLES STORAGE LOCATION (INCLUDING BLOCK & LOT NUMBER)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Tow Trucks/ Flat Beds Licensed \_\_\_\_\_

24 Hours Contact Telephone # \_\_\_\_\_

**DRIVERS / OPERATOR INFORMATION: (Please list all Drivers and attach copy of each Driver's License)**

NAME OF OPERATOR	HOME ADDRESS	DRIVER'S LICENSE NUMBER

**VEHICLES INFORMATION (LIST ALL VEHICLES) COMPLETE FOR EACH TOW VEHICLE AND FLATBED AND ATTACH A COPY OF THE INSURANCE BINDER AND INSURANCE CARD FOR EACH VEHICLE.**

MAKE	MODEL	YEAR	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER	WRECKER	FLATBED

**FOR OFFICE USE**

Denied: \_\_\_\_\_ Approval: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check# \_\_\_\_\_

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 \_\_\_\_\_

