



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
USED CAR DEALERS LICENSE

1. Complete the application and have it NOTARIZED
2. In order to complete your application for a license through the Division of Commerce, you will need to be asked to bring these following documents required by the Division of Zoning:
 - A) A current photo of the business address.
 - B.) A money order or check for \$100 made payable to City of Jersey City.
 - C.) A letter requesting the type of license you are applying for. Please include your return address and phone number in the letter. If you have questions or concerns, please contact the Division of Zoning at 201-547-4832 or 201-547-6564.
3. 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 FOR BCI SCOFFLAW

4. A Criminal Justice Background Investigation form must be completed and taken to the Jersey City Police Department Bureau of Criminal Investigation (BCI) at Jersey City Municipal Court Building, 365 Summit Avenue (Basement), for a Criminal Background check.

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.
5. 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 a Trade Name, you must ATTACH a copy of your Trade Name Certificate (Hudson County Clerk at 257 Cornelison Ave., (201) 369-3470.
6. 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.
7. Attach two photographs of the front and inside of the building where the business is located. If the

photograph does not show your business sign, ATTACH an additional photograph showing the business sign.

8. If you own the property at which the business is located, ATTACH a copy of the deed of the property. If you rent or lease, ATTACH a copy of the LEASE AGREEMENT. If the property has not yet been leased or rented, ATTACH a letter from the owner acknowledging that the property will be rented or leased to your company upon your obtaining Motor Vehicle Repair License.
9. Please bring your current NJ Driver's License.
10. Fee is \$800.00. We accept Check or Money Order. **WE DO NOT ACCEPT CASH.**



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

USED CAR DEALERSHIP APPLICATION
License Term April 1, 2022 thru March 31, 2023

License# _____

Fee: \$800.00

Check One: NEW APPLICATION

RENEWAL APPLICATION

Business Information

Name of Business: _____

Trade Name: _____

Address: _____

Telephone # _____

City: _____ State: _____

Zip Code: _____

Check One: Corporation

LLC

Sole Proprietorship

Other

Owner Information

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number _____ 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: _____

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 _____

NOTARY PUBLIC SIGNATURE _____

FOR OFFICE USE ONLY

DENIED _____ APPROVED _____ AMOUNT \$800.00 CHECK/MONEY ORDER _____

Directors Signature: _____ Date: _____



STEVEN M. FULOP
MAYOR

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

DEPARTMENT DIRECTOR
ANNISIA CIALONE

DIVISION DIRECTOR
MAYNARD WOODSON

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. # _____



**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#
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		
	ADDRESS: _____ CITY: _____ STATE: ZIP CODE:		



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 _____