



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: _____



**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 _____