

## Announcement

### All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning December 1, 2016; BLS will discontinue the practice of requiring an up-front license and registration payment (excluding application fees) with the submission of an initial business license application for the following license privileges:

- New and Used Car Dealers
- Special Category Registration and Plates (*Auction, Boat Dealer, Converter, Financing, Insurer, Leasing, Manufacturer, Non-Conventional and Transporter*)
- Auto Body Shops (*Full, Limited and Sublet Services*)
- Driving Schools
- Inspection and Emission Repair Facilities

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

A notification requesting payment of the license and registration fees along with proof of insurance and bond requirements (if applicable) will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. The wall license and license plates, if applicable, will be mailed to the licensed location once your payment is processed.

Your compliance with this policy is greatly appreciated. For further information on the initial licensing process, call 609 292-6500 x5014.

*Note: Applicants for Auto Body and Private Inspection Facilities licenses must submit a \$20.00 application fee with their initial license application.*

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## STATE OF NEW JERSEY

### PLEASE READ CAREFULLY

Enclosed are the application and supplemental forms necessary to apply for an auto body limited initial license. If you are engaged in the business of performing auto-body repair and/or auto-body painting service you must be licensed.

If you commence auto-body work without a license, you will be in violation of New Jersey Auto-Body Repair Facility Act, N.J.S.A. 39:13-1 et seq., which states, "No person may engage in the business of an auto-body repair facility unless it is so licensed by the Commission". Pursuant to N.J.S.A. 39:13-6 the Chief Administrator of the New Jersey Motor vehicle Commission has the power and authority to issue an order to cease and desist from operating an auto-body repair facility without a license to do so. The Chief administrator may also impose upon an auto-body repair facility operating without a license a civil penalty of up to \$5000.00 for the first offense and up to \$20,000.00 for the second and each subsequent offense.

In accordance with recently adopted regulations, each applicant for an auto-body limited license shall have an established place of business at the time such license is issued. An established place of business must have an exterior sign, a suitable office and be in conformance with the requirements of the municipality in which it is located. It is imperative that the municipal or zoning board clerk complete the enclosed approval certificate form. However, we will accept a photocopy of a certificate of occupancy in lieu of the completed approval certificate.

Insurance coverage requirements for damage to property and liability arising from bodily injury:

- (a) Garage liability or equivalent commercial general liability insurance in the minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; and
- (b) Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000; and
- (c) Workers Compensation insurance or a statement advising no employees.

During the licensing process, all correspondence between the New Jersey Motor Vehicle Commission and the applicant, will be mailed to the applicant's business address.

The fee for the license is \$350.00 plus an additional non-refundable application fee of \$20.00. A notification requesting payment of the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. Please return the completed application to this office with all required documents. If you have any questions, please call (609) 292-6500 ext. 5014 or e-mail us at [mvcblsprocessing@mvc.nj.gov](mailto:mvcblsprocessing@mvc.nj.gov)

## AUTO-BODY (LIMITED) INITIAL APPLICATION CHECKLIST

**In order to ensure prompt processing of your Auto-Body (Limited) Application, please submit all documents listed below:**

- License fee (\$350.00). Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- License application and municipal approval.
- Supplemental application for each owner, partner(s), officer(s) or member(s).
- Child support certification for each owner, partner(s), officer(s) or member(s).
- Fingerprint request notification form.
- Copy of driver license for each applicant. (Non-resident only)
- Color photograph of each applicant. (Non-resident only)
- Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors.
- Copy of property deed or lease.
- Business Hours Form (Enclosed).
- Federal Tax Identification Number. (Attach copy of certificate).
- NJ Sales Tax Identification Number. (Attach copy of certificate).
- Workers' compensation insurance or a statement advising no employees. Please note that if employees are hired after the license has been issued, you must submit workers' compensation insurance at that time.
- Insurance coverage requirements for damage to property and for liability arising from bodily injury (both Full Service and Limited Full Service applicants):
  - a. Garage liability or equivalent commercial general liability insurance in a minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; **and**
  - b. Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000Certificate holder must read: NJ Motor Vehicle Commission Auto Body Unit, PO Box 172, Trenton, NJ 08666-0172
- Auto-Body Repair No Painting Certificate Form (Enclosed).
- Auto-Body Painting Contract Agreement Form (Enclosed).
- Photographs of the auto body repair facility showing signs and other advertising media.
- Current certificate of inspection from the fire marshal for the building
- Evidence of completion from a recognized auto body class; at least one class must be taken within one (1) year preceding issuance of the initial license.
- Provide signed agreement (sample enclosed) if the below listed services will be performed by a facility other than yourself: ( ) structural repairs ( ) vehicle four-wheel alignment ( ) air conditioner servicing ( ) mechanical repair as a result of collision damage.

Business Licensing Services Bureau  
P.O. Box 170  
Trenton, NJ 08666-0170  
609-292-6500 ext. 5014  
mvcblsprocessing@mvc.nj.gov

## APPLICATION FOR LICENSE

### FOR OFFICE USE ONLY

License No. \_\_\_\_\_

\_\_\_\_\_ Date

Reg. No. \_\_\_\_\_

\_\_\_\_\_ Email

Approved by \_\_\_\_\_

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

CorpCode \_\_\_\_\_

1. \_\_\_\_\_  
Name of Business (if corporation, corporate name)

\_\_\_\_\_ Business phone

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

2. Please Check

Corporation     Partnership     Proprietorship

Other \_\_\_\_\_

\_\_\_\_\_ Street Address

3. Please Check appropriate box for License:

\_\_\_\_\_ City                      \_\_\_\_\_ Zip Code                      \_\_\_\_\_ County

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

Leasing Company     Driving School     Private Inspection Facility  
 Fleet Inspection Facility     New & Used Motor Veh. Dealer     Used Motor Veh. Dealer  
 Auto Body [Full]     Auto Body [Limited]     Auto Body [Sublet]

A. NJ Sales Tax Identification Number \_\_\_\_\_

B. NJ Unemployment Registration Number \_\_\_\_\_

C. Federal Employer Identification Number \_\_\_\_\_

Special Category (Select one from options below)

Auction     Boat Dealer     Converter     Finance     Insurer  
 Leasing     Manufacturer     Non-Conventional     Transporter

4. Complete the following for proprietor, partners, or corporate officers:

Name	Title	Home Address	Telephone Number
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5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

Yes                      if yes, explain:  
 No

6 Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any or the above in this or any other state and was subject to license suspension or revocation?

Yes \_\_\_\_\_  
Give name and address of person  
 No \_\_\_\_\_

7 Do the owners, principals, partners or officers now hold, or have they ever held, any of the licenses listed in #3 or in any other jurisdiction?

Yes If yes, please provide the type of license(s), license number(s) and jurisdiction(s) and dates of licensure:

No \_\_\_\_\_

8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction?

Yes If yes, explain:

No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name?

Yes If yes, explain:

No

10. Does any stockholder own more than 10% of the corporation's stock?

Yes If yes, give name, address and holding

No

11. \_\_\_\_\_

Place of Incorporation / Formation

\_\_\_\_\_

Date of Incorporation/Formation

\_\_\_\_\_

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate/formation papers.

12. The applicant certifies all information contained herein is true and agrees that any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation and may subject the applicant to administrative, civil or criminal penalty. He/She further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certifies that they have read the applicable statutes and are thoroughly familiar with the details provided and potential penalties.

I, the undersigned, hereby certify that I am the \_\_\_\_\_ of the above business named \_\_\_\_\_  
President, Owner, Officer, Member

and that the information I have submitted is true. I am aware that if any of the statements are willfully false, I am subject to penalty.

\_\_\_\_\_

Print Name of Applicant

\_\_\_\_\_

Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary/Member/Partner of the above Corporation and have witnessed the signature of \_\_\_\_\_  
who is \_\_\_\_\_ of said corporation.

President, Owner, Officer or Member

\_\_\_\_\_

Signature of Secretary/Member/Partner



Business Licensing Services Bureau  
P.O. Box 170  
Trenton, NJ 08666-0170  
609-292-6500 ext. 5014  
609-292-4400

## APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME				BUSINESS PHONE NUMBER			
1. APPLICANT FULL NAME (Including Middle and Suffix, if any)							
2. STREET ADDRESS							
3. CITY			4. STATE		5. ZIP CODE		6. COUNTY
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?					8. HOME PHONE NUMBER		
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED, OVER THE LAST 20 YEARS AND HOW LONG YOU LIVED IN EACH.							
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)				12. SEX
13. HEIGHT		14. WEIGHT		15. COLOR OF EYES		16. DRIVER LICENSE NUMBER	
17. SOCIAL SECURITY NUMBER* _____							
<p>*You <b>must</b> disclose your Social Security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.</p> <p>Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law and <u>N.J.S.A. 2A:17-56.7 et seq.</u> of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:</p> <ul style="list-style-type: none"> <li>a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; <u>and</u></li> <li>b. the Probation Division or any other agency responsible for child support enforcement, upon request</li> </ul>							
<p>18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE</p>							
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL AND/OR CRIMINAL PENALTY.</b></p>							
SIGNATURE: _____				DATE: _____			

Business Licensing Services Bureau  
P.O. Box 170  
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609-292-4400

## Fingerprint Request Notification

In accordance with New Jersey law, all dealerships (applicants as defined in N.J.A.C 13:21-15.1 only) driving schools (applicants and instructors), auto-body shops (applicants), and private inspection facilities (applicants and inspectors), are required to undergo a live scan criminal background check by the State approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Services Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form. If an e-mail address is provided, the fingerprint request notification form will be e-mailed to you. Otherwise, it will be mailed.



Business Licensing Services Bureau  
P.O. Box 170  
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609-292-6500 ext. 5014  
609-292-4400

### Fingerprint Request Notification Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the requested personal information for the applicable license type: dealerships (applicants as defined in N.J.A.C. 13:21-15.1 only), driving schools (applicants and instructors), auto-body shops (applicants), and private inspection facilities (applicants and inspectors).**

Applicant's Full Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Applicant's Full Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Applicant's Full Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Copy and submit additional sheets if needed.

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609-292-4400

## CHILD SUPPORT CERTIFICATION FORM

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\*You must disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a et seq. of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- a. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records;  

and
- b. The Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7a et seq., responses to the questions listed below are required. Intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license, or criminal prosecution.

1. Do you have a child support obligation?       Yes       No
  
2. If yes, does the amounts in arrears equal or exceed the amount of child support payable for six months?       Yes       No
  
3. Are you subject to a child-support warrant?       Yes       No

I certify that the foregoing responses made by me are true and I am aware that if any of the foregoing statements are willfully false, I am subject to penalty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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 609-292-4400



## AUTO-BODY BUSINESS HOURS

Business Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate the days and time your business will be open to the public

MONDAY..... From \_\_\_\_\_ To \_\_\_\_\_  
 TUESDAY..... From \_\_\_\_\_ To \_\_\_\_\_  
 WEDNESDAY..... From \_\_\_\_\_ To \_\_\_\_\_  
 THURSDAY..... From \_\_\_\_\_ To \_\_\_\_\_  
 FRIDAY..... From \_\_\_\_\_ To \_\_\_\_\_  
 SATURDAY..... From \_\_\_\_\_ To \_\_\_\_\_

I certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to punishment.

Owner's Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Visit us at [www.NJMVC.gov](http://www.NJMVC.gov)

New Jersey is an Equal Opportunity Employer

## AUTOBODY PAINTING CONTRACTOR AGREEMENT

I, \_\_\_\_\_, owner of \_\_\_\_\_  
(Contractor Name) (Facility Name)

located at: \_\_\_\_\_, hereby certify that  
(Business Address)

I have entered into an agreement with \_\_\_\_\_ to provide  
(Applicant's Name)

spray painting services for vehicles damaged as the result of a collision.

I understand that this document will become a part of his/her permanent New Jersey Limited License record.

Full Service Autobody Repair Facility License NO. ABR \_\_\_\_\_

\_\_\_\_\_  
Signature Contractor

\_\_\_\_\_  
Signature Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**AUTOBODY REPAIR NO PAINTING**

**CERTIFICATE**

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, state and Zip

I certify that I understand that by issuance of the Limited Auto-body Repair Facility License, I am fully aware that N.J.S.A. 39:13 et. seq. prohibits my facility from spray painting services.

I also understand, that if the statute is violated, the facility's license privilege, according to N.J.A.C. 13:21-21.16 et. Seq., will be subject to a suspension and be imposed a fine of up to \$5,000.00 for the first offense and not more than \$20,000.00 for each subsequent offense.

\_\_\_\_\_  
Licensee's Signature

\_\_\_\_\_  
Date