



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

STEVEN M. FULOP
 MAYOR

ANNISIA CIALONE
 DEPARTMENT DIRECTOR

MAYNARD WOODSON
 DIVISION DIRECTOR

SECOND HAND DEALER LICENSE CLASS "A"
License Term January 1, 2022 thru December 31, 2022

LICENSE # _____

FEE: \$200

Check One

NEW APPLICANT

RENEWAL

NJ TAX ID NUMBER: _____

Name of Second Hand Business: _____

Trade Name (if any): _____
 (ATTACH A CERTIFIED COOPY OF YOUR TRADE NAME CERTIFICATE)

Business Address: _____

Telephone Number _____ Cell Phone Number _____

Email Address: _____

Is the property where the business is being conducted owned by the applicant: YES NO
 If 'NO', ATTACH A COPY OF YOUR LEASE AGREEMENT and complete section below.

Homeowner's Name: _____ Telephone _____

Address: _____

Description and type of merchandise being sold: _____

IF BUSINESS IS "SOLE OWNED" - COMPLETE THIS SECTION

Name of Owner: _____ Telephone # _____

Home Address: _____ Email _____

Date of Birth: ___/___/___ Place of Birth: _____

Are you a U.S Citizen? YES NO (If you are not a U.S. Citizen, an original and valid United States document giving you authorization to work in the U.S. must be provided at the time of filing this application)

If you are a Naturalized Citizen, complete section below:

Date of Naturalization: ___/___/___ Petition Number: _____ Court in which Granted: _____

Have you ever been convicted of any crime) if a renewal application, since your last application) or are you now under any charges for any crime, misdemeanor or violation of any municipal ordinance? YES NO

If "YES" complete below.

Name of Individual: _____ Date of Conviction: ___/___/___

Nature of Crime: _____

Name of Parole/ Probation Officer: _____ Telephone Number _____

IF APPLICANT IS A CORPORATION OR PARTNERSHIP- YOU MUST COMPLETE A STOCKHOLDER/PARTNERSHIP DISCLOSURE FORM

INDIVIDUAL COMPLETING APPLICATION

Name of individual completing application: _____

Home Address: _____

Telephone Number _____ Email: _____

Date of Birth: ___/___/___ S.S # _____ Driver's Lic # _____ State: _____

Position: Stockholder _____ Partner: _____ Owner _____ Other: (Name) _____

NOTARIZED STATEMENT

STATE OF NEW JERSEY:
COUNTY OF HUDSON: SS

_____, being duly sworn to law, deposes and says he/she is an individual applicant, stockholder, or member of the partnership, and in the instance of corporate ownership, partnership ownership, is authorized to sign this application on behalf of the corporation; and that the contents if the application are true and complete, under penalty of law.

(Applicant's Signature)

Sworn to and subscribed before me this _____ day of _____ 20 _____

(Signature of Notary)

AFFIX SEAL

FOR OFFICE USE

DENIED _____ APPROVED _____ AMOUNTS\$ _____ CHECK# _____

Director 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 _____