

CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR _____ NEW _____ or RENEWAL _____

APPLICATION – USED CAR DEALERS LICENSE

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY
APPLICANT MUST SUBMIT A COPY OF THEIR MOTOR VEHICLE DEALER'S LICENSE ISSUED BY THE STATE OF NEW JERSEY DIVISION OF MOTOR VEHICLES

(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)
Please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: _____

ADDRESS (office): _____ **TEL.#** _____

MAILING ADDRESS: _____

TRADE NAME: _____

LOCATION: _____ **TEL. #** _____

FAX # _____ **EMAIL ADDRESS:** _____

If Corporation or LLC, please give Contact Name & Emergency Telephone Number:

Please circle one:

PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
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1. _____

2. _____

3. _____

IF APPLICANT IS INCORPORATED, STATE WHERE: _____

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>(STATE)</u> <u>HOME PHONE NO.</u>
PRESIDENT	_____	_____	_____
SECRETARY	_____	_____	_____

Registered Agent or person upon whom service of process is authorized to be made:

Name: _____

Address: _____

Telephone Number: _____

DO YOU: OWN _____ or LEASE _____ PROPERTY?

IF PROPERTY IS LEASED NAME OF LANDLORD, OR HOLDER OF LEASE & ADDRESS, & TELEPHONE NUMBER:

THE NATURE, IN DETAIL, OF THE BUSINESS TO BE CONDUCTED: _____

HOW LONG THE ABOVE HAS BEEN IN BUSINESS: _____

PREVIOUS PLACE OF EMPLOYMENT (IF NEW APPLICANT): _____

HAS APPLICANT EVER BEEN CONVICTED OF A CRIME? _____

IF SO, WHAT OFFENSE? _____

SIZE AND DESCRIPTION OF OFFICE STRUCTURE TO BE MAINTAINED: _____

SIZE AND DESCRIPTION OF THE SANITARY FACILITIES: _____

SIZE AND DESCRIPTION OF THE USED CAR LOT AREA: _____

(MUST BE A MINIMUM OF NOT LESS THAN 5,000 SQUARE FEET)

A LICENSE ISSUED UNDER THIS ARTICLE, SHALL EXPIRE, UNLESS SOONER REVOKED, ON THE 31ST DAY OF DECEMBER OF THE YEAR FOR WHICH IT IS ISSUED.*LICENSE FEE \$200.00 PER YEAR (Non-Refundable)

Applicant's Signature

Date

Print Name

FOR OFFICE USE ONLY: FEE PAID: _____ DATE _____ NJ STATE MOTOR VEHICLE DEALER'S LIC. _____
POLICE DEPT: _____ ZONING DEPT: _____ FIRE INSPECTOR: _____ BUILDING DEPT. _____ Council _____