

## LICENSE APPLICATION

CHECK ONE BOX

COMPLETE INFORMATION BELOW

ENCLOSE FEE

- ☐ Motor Fuel Retail Dealers License (three (3) year license) (complete A & B below) ..... \$ 150.00
- ☐ Motor Fuel Transport License (complete A & C below) ..... \$ 50.00
- ☐ Cigarette Manufacturer Representative License (one (1) year license) (complete A & D below) ..... \$ 5.00
- ☐ Cigarette Vending Machine License (one (1) year license) (complete A & F below) ..... \$ 50.00
- ☐ Cigarette Retail Dealers Over-the-Counter License (one (1) year license) (complete A & E below) ..... \$ 50.00

IMPORTANT: A separate application with a separate check must be submitted for each license type.

## A. All applicants must complete Part A

Federal Identification Number \_\_\_\_\_ - \_\_\_\_\_

☐ Check box if this is a license renewal

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

Name \_\_\_\_\_  
(Corporate, partners, proprietor, representative)

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

Business Location Address			Mail Name and Address		
Street			Street		
City	State	Zip Code	City	State	Zip Code

## TYPE OF OWNERSHIP

☐ Corporation    ☐ Proprietorship    ☐ Partnership    ☐ Representative    ☐ Other \_\_\_\_\_

Date business began in New Jersey \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Cont at Telephone Number (    ) \_\_\_\_\_ - \_\_\_\_\_  
Mo                                  Day                                  Yr

## OWNER INFORMATION

Name	Title	Social Security No.	Home Address
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____

Complete the information below which pertains to the specific license.

## B. Motor Fuel Retail Dealers License

Number of pumps. .... Capacity in gallons/GASOLINE \_\_\_\_\_

Name of supplier ..... Capacity in gallons/DIESEL \_\_\_\_\_

Do you sell diesel? . .... Brand sold ..... \_\_\_\_\_

## C. Motor Fuel Transport License

State License Plate Number . \_\_\_\_\_ Make of vehicle ..... \_\_\_\_\_

Vehicle identification number . \_\_\_\_\_ Year ..... \_\_\_\_\_

Barge name ..... \_\_\_\_\_

## D. Cigarette Manufacturer Representative License

Name of company you represent \_\_\_\_\_

## E. Cigarette Retail Over-The-Counter License

Name of company where you purchase your cigarettes \_\_\_\_\_

## F. Cigarette Vending Machine License

Number of machines you are applying for \_\_\_\_\_ (Enclose a \$50.00 fee for each machine)

Name of company where you purchase your cigarettes \_\_\_\_\_

You must attach a list with the physical address of each vending machine

Signature \_\_\_\_\_ Date \_\_\_\_\_

All appropriate information must be completed and the application must have an authorized signature to be processed.

FEE MUST ACCOMPANY APPLICATION