

OFFICIAL USE ONLY
DLN
PLATE NO.

### LICENSE APPLICATION

CHECK ONE BOX COMPLETE INFORMATION BELOW

- Motor Fuel Retail Dealers License (three (3) year license) (complete A & B below)
  - Motor Fuel Transport License (complete A & C below)
  - Cigarette Manufacturer Representative License (one (1) year license) (complete A & D below)
  - Cigarette Vending Machine License (one (1) year license) (complete A & F below)
  - Cigarette Retail Dealers Over-the-Counter License (one (1) year license) (complete A & E below)
- (A separate application must be filed 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, partner, 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact Telephone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

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 (Diesel) \_\_\_\_\_  
 Name of supplier \_\_\_\_\_ Capacity in gallons (Gas) \_\_\_\_\_  
 Do you sell diesel? \_\_\_\_\_ Brand sold \_\_\_\_\_

C. Motor Fuel Transport License

State License Plate Number .. \_\_\_\_\_ Make of vehicle ..... \_\_\_\_\_  
 Vehicle identification number . \_\_\_\_\_  
 Barge name ..... Year .....

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 ..  
 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.