

APPLICATION FOR BUILDING MATERIALS DEALER LICENSE

Date _____

To the State Superintendent of Weights and Measures

1261 Routes 1 & 9 South
Avenel, NJ 07001
(732)815-4840
(732)382-5298 Fax

New

Renewal

I or We hereby make application for license and registration to engage in the business of selling, or selling and delivering building materials in the State of New Jersey under the provisions of N.J.S.A. 51:4-23 to 51:4-38, inclusive, for the statutory term of one year.

Name under which business is conducted _____

Address _____ Zip Code _____

Telephone Number () _____

If name under which business is conducted differs from partnership or corporate or name of owner, state latter name

If Certificate for doing business under a trade name was filed, attached a certified copy thereof to this application

If corporation, state name and addresses of officer and Directors _____

Name	Official Title	Address
_____	President	_____
_____	Vice President	_____
_____	Secretary	_____
_____	Treasurer	_____
_____	Director	_____
_____	Director	_____

Date of Incorporation _____ What State? _____

Registered Agent _____

Address _____

Telephone Number () _____

SEE REVERSE SIDE

If individual ownership, state name, age, address and citizenship of individual

If partnership, give names, ages and addresses of all partners

Name	Address	Age

Date of commencement of business _____

If you maintain and operate offices other than the principal place of business shown in reverse side, each location must apply for a license.

I hereby agree that the _____
 (Individual, Partnership, Corporation)
 application for which is made herewith will obey all State of
 New Jersey Laws, Rules and Regulations pertaining to the
 business of selling, or selling and delivering building materials.
 I certify that the foregoing statements in this application are
 true. I am aware that if any foregoing statements made by me
 are willfully false, I am subject to punishment.

Legal Name of Applicant

By _____

Owner-Partner-Officer of Corporation (State which)

Application must be accompanied by a check or money order for prescribed State fee of \$100.00 made payable to **STATE TREASURER, WEIGHTS AND MEASURES REVENUE.**