



**CITY OF ELIZABETH, NEW JERSEY**  
**DEPARTMENT OF ADMINISTRATION**  
**CENTRAL LICENSE BUREAU**  
50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462  
Phone: (908) 820-4178  
Fax: (908) 820-0369

BRIDGET S. ANDERSON  
Business Administrator

CLARA GOODRIDGE  
Chief License Inspector

J. CHRISTIAN BOLLWAGE  
Mayor

**TIRE REPAIR SHOP APPLICATION**  
**EFFECTIVE DATE: SEPTEMBER 1, 20\_\_\_\_\_ TO August 31, 20\_\_\_\_\_**

**Application Fee: \$350.00**

DATE: \_\_\_\_\_  
License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

1. A description of facilities and services to be available on the premises of the proposed establishment. \_\_\_\_\_
2. The business address at which the applicant proposes to conduct the business. \_\_\_\_\_
3. The name, telephone number, and home address of the individual applicant. \_\_\_\_\_
4. Business telephone number \_\_\_\_\_
5. Social Security or Business Tax ID # \_\_\_\_\_
6. If a firm, the names and home addresses of the members of the firm, if a corporation or LLC the names and addresses of president, secretary, all other officers of the corporation and the registered agent of the corporation or LLC and any other person or entity which has a financial or beneficial interest in the business of the applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If the manager in charge is someone other than any person named above, provide name and address.  
\_\_\_\_\_  
\_\_\_\_\_

8. Has the applicant ever been licensed in any other city or state for a tire repair business?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, has such permit ever been revoked or suspended and the reason therefore, and the business activity or occupation subsequent to such action or suspension or revocation.

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9. Has anyone named on the application within ten (10) years of the date of the application ever been convicted of a crime, misdemeanor, or disorderly persons offense?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list name, number of convictions and the date, place and the nature of the offense for which convicted.

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**You must provide all owners and manager information below for background check**

<b>Name</b>	<b>Date of birth</b>	<b>Social security#</b>	<b>Home address</b>
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10. List the names, addresses, and telephone numbers of the New Jersey Department of Environmental Protection approved collector/hauler who removes tires from your business for disposal.

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11. List the names, addresses and telephone numbers of the New Jersey Department of Environmental Protection approved disposal facilities where discarded tires are brought for ultimate disposal.

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12. List the number of tires the New Jersey Department of Environmental Protection collector/hauler removes from your business.  

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13. List the number of tires disposed of at each New Jersey Department of Environmental Protection approved disposal facilities for the entire prior year.  

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14. Attach copies of disposal receipts for each load of tires the New Jersey Department of Environmental Protection approved collector/hauler removes from your tire repair shop.  

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15. Attach copies of disposal receipts for each load of tires disposed of at each ultimate New Jersey department of Environmental Protection approved disposal facility for the entire prior year.  

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**In either of the above noted arrangements, the disposal receipt should indicate either the volume or weight of the load.**

**Identification/Registration number prior to disposal of tires**

Prior to the disposal of tires or release of tires to the tire collector/hauler, the tire repair shop shall mark or paint its identification number, which will be issued by the Bureau of Central License, on a conspicuous place on the tire.

**Restrictions**

- Where there is no garage or other indoor area where tires may be repaired, removed, adjusted, changed or rotated, no license shall be issued unless the premises for which the license is to be issued shall have sufficient off-street space to accommodate at least two (2) motor vehicles in a manner so as not to obstruct any sidewalk or other public way.
- No license shall be issued or held by any person, firm, corporation, or LLC where the applicant, any partner, any officer, any person in management or entity having a financial or beneficial interest in the business of the applicant shall have been convicted of any crime that relates adversely to the operation of a tire repair shop. Any determination made by the Chief License Inspector under this section shall be made in accordance with N.J.S. 2A:168A-2.1.
- Application for renewal of a license shall be made on the application provided by the Chief License Inspector at least one (1) month prior to the expiration of the Central License.
- No License issued under this chapter shall be transferable from one (1) person to another or from place to place.

- No tire repair shop shall store tires outdoors after normal operating hours. At all times, the storage of tires must comply with fire sub-code and all local, state, and federal laws, rules, and regulations.

\_\_\_\_\_, I certify that the foregoing statements made by me in this application are true. I am aware that if the foregoing statements made by me are willfully false, this application will be invalidated. I will lose my right to obtain a tire shop license and I am subject to punishment under the law.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public