



STEVEN M. FULOP
MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
4 Jackson Square, Jersey City, NJ 07305
Telephone # 201-547-5139

DEPARTMENT DIRECTOR
ANNISIA CIALONE

DIVISION DIRECTOR
MAYNARD WOODSON

CRIMINAL JUSTICE BACKGROUND AND SCOFFLAW VIOLATION CHECK

INSTRUCTIONS TO APPLICANT: Complete the "shaded Section" below. Bring it ONLY to the Jersey City Police Department, Bureau of Criminal Investigation (B.C.I.) at 365 Summit Avenue for fingerprints and completion. Return this form back to the Division of Commerce, 4 Jackson Square, as soon as possible to expedite the licensing process.

License Type: _____

Name: _____
(Last) (First) (MI)

Address: _____

S.S. # _____ Date of Birth: _____ Sex: _____

Driver's License# _____ State _____

License Plate: _____ State: _____

AUTHORIZATION WAIVER

This is to certify that I have applied for a license application provided by the City of Jersey City. I do hereby authorize the release of any and all information that may be maintained in the Jersey City Police Department files or in the files of any other criminal justice organization, including traffic records, arrest files, police reports, etc.

I also release all persons from liability which could result from furnishing said information. Furthermore, I authorize the Jersey City Division of Commerce and the Jersey City Police Department to Xerox, copy, fax or otherwise produce this original document. The reproduced copy of this document will be considered as effective and valid as the original

Signature: _____ Date: _____

Scofflaw Violations Check

FINDINGS: ☐ NEGATIVE ☐ POSITIVE

COMMENTS: _____

COMPLETED BY: _____ DATE: _____

TITLE: _____ TEL. # _____

JERSEY CITY POLICE DEPARTMENT- B.C.I.

FINDINGS ☐ NEGATIVE ☐ POSITIVE

COMMENTS: _____

Completed By: _____ Date: _____

Title: _____ Tel. # _____