

STATE OF NEW JERSEY  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
Division of Wage and Hour Compliance  
PO Box 389  
Trenton, New Jersey 08625

**APPLICATION FOR HOME WORK LICENSE**  
(Submitted under the provisions of Revised Statutes 34:6-120 thru 34:6-135)

Business Name (If Any) \_\_\_\_\_

1. Name of Homeworker \_\_\_\_\_  
(First Name) (Last Name) (Miss-Mrs.-Mr.)

2. Home Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code)

Floor \_\_\_\_\_ Apartment Number \_\_\_\_\_

3. Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

4. Which room(s) will be used for manufacturing? \_\_\_\_\_

\_\_\_\_\_

5. Type of work to be performed \_\_\_\_\_

\_\_\_\_\_

6. Are any of the manufactured materials returned to any of the suppliers after being worked on?  
YES \_\_\_\_ NO \_\_\_\_ If "Yes", list names and addresses of such suppliers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Will any material be given out by you to any other person to be manufactured in a home?  
YES \_\_\_\_ NO \_\_\_\_ If answer is "Yes" list names, addresses, social security numbers, and ages below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. List below names, addresses, social security numbers, and ages of any other persons who will perform work on the premises indicated in item 2 above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct and that the work will only be done on the premises as indicated in item 2 above.

\_\_\_\_\_  
(Signature of person making application)

\_\_\_\_\_  
(Date when signed)

NOTICE

1. No child under 16 years of age may work on homework. A worker between 16 and 18 years of age must have an employment certificate (working papers).
2. If the licensee changes residence a new application must be submitted as the Home Work License is not transferable.
3. Inspection of homemaker's residence must be made by a representative of the Department of Labor and Workforce Development before a license can be issued.
4. Every room in which goods are manufactured, altered, repaired, finished or distributed shall be kept in a clean and sanitary condition.
5. The approval of the local board of health must be secured for any dwelling by the applicant to manufacture, alter, repair or finish in whole or in part any dolls, dolls clothing, or articles of children's or infants' wearing apparel.

FOR USE OF DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT ONLY

1. Is applicant in possession of a valid Home Work License? If so, No. \_\_\_\_\_
2. Is license posted? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Number of families in building \_\_\_\_\_ Number of floors in building \_\_\_\_\_
4. Number of rooms to be used for home work \_\_\_\_\_ Which floor(s)? \_\_\_\_\_
5. Is there a separate outside entrance to the room(s) where the work is performed? YES \_\_\_\_\_ NO \_\_\_\_\_
6. If work is performed above the first floor is there a separate and distinct stairway leading thereto?  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do any sleeping rooms connect with workrooms? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Is natural and artificial lighting satisfactory and suitable? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Are premises clean and sanitary? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Where is the material obtained from on which the work is performed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Recommendations of Field Representative to improve cleanliness and sanitation, and/or other comments.

The operations comply with R.S. 34:6-12 thru 34:6-135. Issuance of Home Work License is recommended.

Field Representative \_\_\_\_\_ Date of Inspection \_\_\_\_\_

FOR OFFICE USE ONLY

Application examined by \_\_\_\_\_ Date \_\_\_\_\_

Issuance recommended \_\_\_\_\_ Not recommended \_\_\_\_\_

Home Work License No. \_\_\_\_\_ Issued on \_\_\_\_\_