## STATE OF NEW JERSEY NJ-REG MAIL TO: DIVISION OF REVENUE **CLIENT REGISTRATION** (04-10)BUSINESS REGISTRATION APPLICATION PO BOX 252 Please read instructions carefully before filling out this form TRENTON, NJ 08646-0252 \* NO FEE REQUIRED \* ALL SECTIONS MUST BE FULLY COMPLETED OVERNIGHT DELIVERY: A. Please indicate the reason for your filing this application: CLIENT REGISTRATION 33 WEST STATE ST. Original application for a new business TRENTON, NJ 08608 Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG) Amended application for an existing business Reason(s) for amending application: (609) 292-4291 Application for an additional location of an existing registered business Applying for a Business Registration Certificate REGISTRATION DETAIL B. FEIN# OR Soc. Sec. # of Owner Check Box if "Applied for" C. Name \_ (If your business entity is a Corporation, LLC, LLP, LP or Non-Profit Organization, give entity name. IF NOT, give Name of Owner or Partners) D. Trade Name E. Business Location: (Do not use P.O. Box for Location Address) F. Mailing Name and Address: (if different from business address) Name Street Street City \_\_\_ State City State Zip Code Zip Code (See instructions for providing alternate addresses) (Give 9-digit Zip) \_/ \_\_\_\_\_/ \_\_\_\_ (see instructions) G. Beginning date for this business: O/C month H. Type of ownership (check one): ☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership Out-of-State Corporation DLLP □ Other ☐ Limited Partnership ☐ LLC (1065 Filer) ☐ LLC (1120 Filer) ☐ LLC (Single Member) ☐ S Corporation (You must complete page 41) I. New Jersey Business Code (see instructions) FOR OFFICIAL USE ONLY (see instructions) K. County (New Jersey only) J. County / Municipality Code DLN L. Will this business be SEASONAL? If YES - Circle months business will be open: BUSINESS DETAIL APR MAY JUN JAN FEB MAR OCT NOV DEC M. If an ENTITY (Item C) complete the following: Date of Incorporation: \_\_\_\_\_ State of Incorporation \_\_\_/ day \_\_\_/ \_\_\_\_\_/ vear Fiscal month NJ Business/Corp. # Is this a Subsidiary of another corporation? ☐ YES ☐ NO If YES, give name and Federal ID# of parent: N. Standard Industrial Code (If known) O. NAICS (If known) P. Provide the following information for the owner, partners or responsible corporate officers. (If more space is needed, attach rider) NAME SOCIAL SECURITY NUMBER HOME ADDRESS PERCENT OF (Last Name, First, MI) TITLE (Street, City, State, Zip) OWNERSHIP OWNERSHIP DETAIL BE SURE TO COMPLETE NEXT PAGE

Give date of first wage or salary payment:    Month	FEIN#:		NAME:			NJ-REG			
D. Give deter of hing first XI omployee.  Month Day Year  d. Will you be paying wages, salarise or commissions to New Jersey residents working ordined Now Jessey?  e. Will you be the payer of pension or annuity income to New Jersey residents working ordined Now Jessey?  f. Will you be the payer of pension or annuity income to New Jersey residents working ordined Now Jessey?  f. Will you be hidding legalized games of Chance in New Jersey (as defined in Chapter 47 Fulso of Legalized Games of Chance) where proceeds from any one price accord 51,0007.  g. Is this business a PEO (Employee Leasing Company) (XI yes, see page 6)  Did you accounted Substantially all the assets; Trade or business; Employees, of any previous employing units?  If answer is "No", poly capacity whethatial is whole or and six business name, address and registration number of predocessor or acquired unit and the dale business was acquired by you. (If more that ose, list separately, Continue on espatiation number of predocessor or acquired unit and the dale business was acquired by you. (If more that ose, list separately, Continue on espatiation number of predocessor or acquired unit and the dale business was acquired by you. (If more that ose, list separately, Continue on espatiation number of predocessor or acquired unit and the dale business was acquired by you. (If more that ose, list separately, Continue on espatiation household and account of acquired by International Continues on the dale of an accessory where the whole of a business is acquired from a subject predocessor employer. The transfer of the predocessor's employment experience to a successor where the whole of a business is acquired from a subject predocessor employer. The transfer of the predocessor's employment experience to a successor where the whole of a business is acquired from a subject predocessor employer. The transfer of the predocessor's employment experience to a successor where the whole of a business is acquired from a subject predocessor employer. The transfer o	1. a. Have you o	r will you be paying wa	Each Question Must E ages, salaries or commissi	te Answered Comptet ons to employees work	ely ing in New Jersey within the n	ext 6 months?	Yes	□No	
b. Give date of hinging fast NJ employee:	Give date of fi	irst wage or salary pay	yment:						
C. Date cumulative gross payroil exceeds \$1000  Month Day Year  d. Will you be paying wages, sallarise or commissions to New Jersey residents?  e. Will you be this payer of pension or annuly income to New Jersey residents?  f. Will you be this payer of pension or annuly income to New Jersey (as defined in Chapter 47 Fulses of Legalized Games of Chance) where proceeded from any one price accord \$1,0007  g. Is this business a PEO (Employee Lessing Company)?(if yes, see page 6)  2. Did you anquine [] Substantially all the assets [] Trade or business.] Employees; of any previous employing unite? [] Yes [] No [] In annual of Two, joe operation of predicessor or anyther with all the assets of the substantial business name, existent in number of predicessor or acquired unit and the data business was acquired by you. (if more than one, list sepanted), coloniar on separes sheet if necessary.)  Name of Acquired Unit [] Notes Acquired by you. (if more than one, list sepanted), coloniar on separes sheet if necessary.)  Name of Acquired Unit [] Notes Acquired by Journal of the data business was acquired by you. (if more than one, list sepanted).  Notes Acquired Unit [] Notes Acquired by Interest or Business Is acquired Business Is acquired by Interest or Business Is acquired by Interest or Business Is acquired by Interest or Business Is acquired Business Interests or Business Is acquired Business Interests or Business Interests or Business Is acquired Business Interests or Business Interests Interests Interests Interests Interest	If you answer at PO Box 25	ed "No" to question 1. 2, Trenton NJ 06646-0	Mo a., please be aware that if 2252, or phone (609) 292-	nth Day Y you begin paying wage 1730.	ear es you are required to notify the	e Client Registration Bure	au		
d. Will you be paying wages, salaries or commissions to New Jersey residents?	b. Give date of	f hiring first NJ employ	/ee: Mo	nth Day Y	ear ·				
e. Wit you be like payer of pension or annully income to New Jarsey residents?	c. Date cumula	ative gross payroll exc	eeds \$1000	11					
e. Will you be the payer of pension or annuly income to New Jersey residents?	d. Will you be	paying wages, salarie	Mo , s or commissions to New	nth Day Y Iersey residents workin	ear g outside New Jersey?		Yes	ΠNo	
1. Will you be holding legislized games of chance in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one price seconds of 3,0007.									
proceeds from any one prize exceed \$1,0007.	f. Will you be i	holding legalized gam	es of chance in New Jerse	v (as defined in Chaol	er 47 Rules of Legalized Game	es of Chance) where			
2. Did you scopile   Substantially all the assets:   Trade or business;   Employees; of any previous employing units?   Yes   Note   Note of the question of the answer is 'Not', go to question of the flat in the second of acquired to question of acquired to question of the date business was acquired by you. (If more than one, list separately. Continue on separate sheel if necessary.)  Name of Acquired Unit   Note   Not	proceeds fro	om any one prize exce	ed \$1,000?				Yes	No	
If answer is "No", go to question 4.  If answer is "No", go to question 4.  If answer is "Yes", indicate by a check whethed In whole of part, and list business name, address and registration number of prodecessor or sequired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheel if necessary.)  Name of Acquired Unit  NJ Employee ID  ACQUIRED  ACQUI	g. Is this busin	ess a PEO (Employee	e Leasing Company)?(If ye	s, see page 6)		******	Yes	No	
Name of Acquired Unit and the date dusiness was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)  Name of Acquired Unit   NJ Employee ID   Acquired   Ac	If answer is "No	", go to question 4.						No No	
Neme of Acquired Unit	If answer is "Ye or acquired unit	s", indicate by a check and the date busines	k whether in whole or swas acquired by you. (il	part, and list busine more than one, list se	ss name, address and registra parately. Continue on separat	tion number of predecess e sheet if necessary.)	sor		
Address		the state of the s							
Address				NJ Emp	loyee ID		ACC	WINED	
3. Subject to cartain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole of a business is acquired from a subject predecessor employer. The transfer of the employment experience is required by law.  Are the predecessor and successor units owned or controlled by the same interests?	Address					=		%	
Are the predecessor and successor units owned or controlled by the same Interests?	11241000			Date A	cquired	Employ ees		%	
a. If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more Month Day Year  6. Are you a 501(c)(3) organization?	Are the predece	ssor and successor u	nits owned or controlled by	r the same interests?.	• • • • • • • • • • • • • • • • • • • •			☐ No	
6. Are you a 501(c)(3) organization?	5. Is your employr	ment household?					Yes	☐ No	
If "Yes," to apply for sales tax exemption, obtain form REG-1E at <a href="https://www.state.ni.us/freasury/taxation/exemption.htm">https://www.state.ni.us/freasury/taxation/exemption.htm</a> 7. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year?								<b></b> 1	
(See instruction sheet for explanation of FUTA) If "Yes", indicate year	6. Are you a 501(o lf "Yes," to appl	c)(3) organization? y for sales tax exempl	ion, obtain form REG-1E	at <u>www.state.nj.us/trea</u>	sury/taxation/exemption.htm.	•••••	_	∐ №	
8. a. Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey?	<ol><li>Were you subje</li></ol>	ct to the Federal Une	mployment Tax Act (FUTA	) in the current or prec	eding calendar year?	• • • • • • • • • • • • • • • • • • • •	Yes	No	
If "Yes," please state reason. (Use additional sheets if necessary.)  b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years?  9. Types of Business	(See instruction	sheet for explanation	of FUTA) If "Yes", indicate	e year:		<del></del>			
b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years?							Yes	∏ No	
wish to voluntarily efect to become subject to its provisions for a period of not less than two complete calendar years?  1. Manufacturer									
A. Construction 5. Retail 6. Government  Principal product or service in New Jersey only.  Type of Activity in New Jersey only.  10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.  a. Do you have more than one employing facility in New Jersey.  No MATURE OF BUSINESS (See Instructions)  No. of Workers at Each Location and/in Each Class  Street Address, City, Zip Code  Complete Description	wish to volunta	rily elect to become s	ubject to its provisions for	period of not less that	aw of New Jersey is claimed, t n two complete calendar years	?	Yes	No	
Principal product or service in New Jersey only.  Type of Activity in New Jersey only.  10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.  a. Do you have more than one employing facility in New Jersey.  No No of Workers at Street Address, City, Zip Code  County  NATURE OF BUSINESS (See Instructions)  No. of Workers at Each Location and/in Each Class	9. Types of Busine	** <u> </u>			=				
Type of Activity in New Jersey only.  10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.  a. Do you have more than one employing facility in New Jersey.  NJ WORK LOCATIONS (Physical location, not maing address)  NATURE OF BUSINESS (See Instructions)  No. of Workers at Each Location and/in Each Class  NAICS Principal Product or Service  Complete Description	Principal produc	_	<del></del>		_				
10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.  a. Do you have more than one employing facility in New Jersey  NJ WORK LOCATIONS (Physical location, not mailing address)  NATURE OF BUSINESS (See Instructions)  NATURE OF BUSINESS (See Instructions)  No. of Workers at Each Location and/in Each Class  Code  Complete Description									
A. Do you have more than one employing facility in New Jersey.  NJ WORK LOCATIONS (Physical location, not making address)  NATURE OF BUSINESS (See Instructions)  No. of Workers at Each Location NAICS Ode Complete Description	10. List below each	place of business an					<del></del>		
Street Address, City, Zip Code County NAICS Code Principal Product or Service Each Location and/in Each Class		•	oying facility in New Jerse	<i>.</i>			Yes	No	
Street Address, City, Zip Code  County  NAICS Code  Principal Product or Service Complete Description and/in Each Class	NJ WORK LOCATIONS (Physical location not mailing address)  NATURE OF BUSINESS (See Institution)							ndenso -1	
Code Complete Description and/in Each Class				NAICS		· · · · · · · · · · · · · · · · · · ·		cation	
Ol Hidus(I)	Outes Address, C	лу, zip Code	County	Code	*				
							<u> </u>		

FEIN	IN: NAME:					
		Each Question Must Be Answered Completely	(8-0	,		
11.	a	Will you collect New Jersey Sales Tax and/or pay Use Tax?  GIVE EXACT DATE YOU EXPECT TO MAKE FIRST SALE / / / Month Day Year	∏ Yes	∏ No		
		Month Day Year  Will you need to make exempt purchases for your inventory or to produce your product?	□ Yes	□ No		
		□ North Wildwood □ Wildwood Crest □ Wildwood  Do you have more than one location in New Jersey that collects New Jersey Sales Tax? (If yes, see instructions)	□ Yes	□No		
	e.	Do you, in the regular course of business, sell, store, deliver or transport natural gas or electricity to users or customers in this state whether by mains, lines or pipes located within this State or by any other means of delivery?	□ Yes	□ No		
12.	D N	o you intend to sell cigarettes?	□ Yes	□ No		
13.		Are you a distributor or wholesaler of tobacco products other than cigarettes?		□ No		
	b.	Do you purchase tobacco products other than cigarettes from outside the State of New Jersey?	☐ Yes	∏ No		
14.	A lia	re you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? See instructions for retailer	Yes	□ No		
		re you an owner or operator of a sanitary landfill facility in New Jersey?		□ No		
16.	a.	Do you operate a facility that has the total combined capacity to store 200,000 gallons or more of petroleum products?	☐ Yes	□No		
	b.	Do you operate a facility that has the total combined capacity to store 20,000 gallons (equals 167,043 pounds) of hazardous chemicals?	☐ Yes	□ No		
	C.	Do you store petroleum products or hazardous chemicals at a public storage terminal?  Name of terminal	□ Yes	□ No		
17.	a.	Will you be involved with the sale or transport of motor fuels and/or petroleum?	□ Yes	□ No		
	b.	Will your company be engaged in the refining and/or distributing of petroleum products for distribution in this State or the importing of petroleum products into New Jersey for consumption in New Jersey?	∏ Yes	□No		
		Will your business activity require you to issue a Direct Payment Permit in lieu of payment of the Petroleum Products Gross Receipts Tax on your purchases of petroleum products?	☐ Yes	□ No		
18.	İI	Will you be providing goods and services as a direct contractor or subcontractor to the state, other public agencies acluding local governments, colleges and universities and school boards, or to casino licensees?	☐ Yes	□ No		
19.	٧	Vill you be engaged in the business of renting motor vehicles for the transportation of persons or non-commercial freight?		□No		
20. 21.	]: [	s your business a hotel, motel, bed & breakfast or similar facility and located in the State of New Jersey?		∏ No		
22.		Oo you make retail sales of new motor vehicle tires, or sell or lease motor vehicles?	☐ Yes	□ No		
23.	(	Oo you provide "cosmetic medical procedures" or goods or occupancies directly associated with such procedures?	∏ Yes	□ No		
24.		ype of Business	Yes	□ No		
25.	\ (-	Vill you make retail sates of "fur clothing"?	□Yes	□No		
26.	C	Contact Information: Person Title:				
	I	Daytime Phone: ( ) Ext E-mail address:				
	5	Signature of Owner, Partner or Officer:				
	7	Title Date:				

## NO FEE IS REQUIRED TO FILE THIS FORM

IF YOU ARE A SOLE PROPRIETOR OR A PARTNERSHIP WITHOUT EMPLOYEES - STOP HERE - IF YOU HAVE EMPLOYEES PROCEED TO THE STATE OF NJ NEW HIRE REPORTING FORM ON PAGE 29

IF YOU ARE FORMING A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR A LIMITED LIABILITY PARTNERSHIP YOU MUST CONTINUE ANSWERING APPLICABLE QUESTIONS ON PAGES 23 AND 24

## If you are a sole proprietor or partnership, the following information <u>does</u> <u>not</u> pertain to you.

If you have already filed a new business certificate with our Commercial Recording/Corporate Filing Unit, you need only fill out pages 17, 18 and 19 of this package (NJ-REG). In addition, you need to complete the State of New Jersey New Hire Reporting Form (page 29) if you have employees. There is no need to complete pages 23 and 24 of the package if you have successfully filed with Commercial Recording.

Applicants who are registering as a New Business Entity (corporation, limited liability company, limited partnership or a limited liability partnership) and have not already filed with Commercial Recording/Corporate Filing Unit, must complete the Public Records Filing for New Business Entity (pages 23 and 24) in addition to form NJ-REG.

The Public Records Filing should be submitted prior to the completion of the NJ-REG to establish the business entity. However, form NJ-REG must be submitted within 60 days of filing the business entity.

Important Note: Once you are registered as a New Business Entity, you will be required to file an annual report for the entity. This report must be filed annually on the anniversary month of the business entity's formation. For your convenience, all major credit cards as well as electronic check (e-check) may be used to pay the filing fee. A notice of the reporting requirement will be sent to the Registered Agent on file 60 days prior the report due date.

Beginning in the fall 2005, the annual report must be filed electronically. Please visit our website at www.nj.gov/njbgs for additional information about the annual report.