STATE OF NEW JERSEY NJ-REG DIVISION OF REVENUE **CLIENT REGISTRATION** (6-04)BUSINESS REGISTRATION APPLICATION PO BOX 252 TRENTON, NJ 08646-0252 Please read instructions carefully before filling out this form * NO FEE REQUIRED * ALL SECTIONS MUST BE FULLY COMPLETED OVERNIGHT DELIVERY: **CLIENT REGISTRATION** A. Please indicate the reason for your filing this application (Check only one box) 847 ROEBLING AVENUE Original application for a new business TRENTON, NJ 08611 Application for a new location of an existing business FAX: Amended application for an existing business (609) 292-4291 Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG) REGISTRATION DETAIL Name and NJ Registration Number of your existing business: B. FEIN# OR Soc. Sec, # of Owner Check Box if "Applied for C. Name (If INCORPORATED - give Corp. Name; IF NOT - give Last Name; First Name, Mi of Owner, 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) Street City ___ State City_ Zip Code Zip Code (Give 9-digit Zip) (See instructions for providing alternate addresses) (Give 9-digit Zip) G Beginning date for this business in New Jersey _ (see instructions) O/C H. Type of ownership (check one): NJ Corporation Sole Proprietor Partnership Out-of-State Corporation LLP Limited Partnership S Corporation LLC (1065 Filer) LLC (1120 Filer) LLC (Single Member) FOR OFFICIAL USE ONLY I. New Jersey Business Code (see instructions) J. County / Municipality Code (see instructions) K. County_ (New Jersey only) L. Will this business be open all year? CORP# If NO - Circle months business will be open: **BUSINESS DETAIL** JAN FEB MAR OCT NOV DEC M. IF A CORPORATION, complete the following: Date of Incorp. _ State of incorporation Fiscal month month Is this a Subsidiary of another corporation? C YES DNO NJ Business/Corp. # If YES, give name and Federal ID# of parent_ N. Standard Industrial Code 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 PERCENT OF HOME ADDRESS (Last Name, First, MI) TITLE (Street, City, State, Zip)

(Last Name, First, MI)

TITLE (Street, City, State, Zip)

OWNERSHIP

BE SURE TO COMPLETE NEXT PAGE

EII	V#:	NAME:	N	J-REG
		Each Question Must Be Answered Completely		
1	. a.	Have you or will you be paying wages, salaries or commissions to employees working in New Jersey within the next 6 months?	(Yes	□No .
		Give date of first wage or salary payment: / / Month Day Year		
	b.	If you answered "No" to question 1.a., please be aware that if you begin paying wages you are required to notify the Client Registration B at PO Box 252, Trenton NJ 08646-0252, or phone (609)-292-1730. Give date of hiring first NJ employee: Month Day Year	Зигеаи	
	C.	Date cumulative gross payroll exceeds \$1,000 / /		
	ď,	Month Day Year	greek	[[]No
		Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey? Will you be the payer of pension or annuity income to New Jersey residents?		MNo
	e.		t: Yes	i/N0
	f.	Will you be holding legalized games of chance in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one prize exceed \$1,000?	🌅 Yes	No
	g.	Is this business a PEO (Employee Leasing Company)? (if yes, see page 6)	🦳 Yes	No
2	lf a	you acquire Substantially all the assets; Trade or business; Employees; of any previous employing units? nswer is "No", go to question 4. nswer is "Yes", indicate by a check whether in whole or in part, and list business name, address and registration number of predect ocquired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)		No
	Na	ne of Acquired Unit ACQUIRED	PERCEN ACQUI	ITAGE RED
	****	N.J. Employer ID		%
	Ad	lress Date Acquired CEmployees		% %
		Date Acquired Employees		76
3.	fror	ject to certain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole in a subject predecessor employer, unless the successor protests within four months from date of acquisition.		
	Are	transfer of the employment experience is required by law if the predecessor and successor units are owned or controlled by each other the predecessor and successor units owned or controlled by the same interests?	Tyes	©No
		you protest the transfer of the employment experience which may affect your contribution rate?		No
4.	ls y	our employment agricultural?	OYes	No
5.	ls y	our employment household?	Yes	[]]No
	a.	If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more//		
			Year	60%
ь.		you a 501(c)(3) organization?		No
7.		e you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year?	🌅 Yes	Mo
	(Se	e instruction sheet for explanation of FUTA) If "Yes", indicate year:		
8.		Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey? f "Yes," please state reason. (Use additional sheets if necessary.)	E Yes	©No .
	b.	t 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
9.	Тур	e of business		
	Prin	cipal product or service in New Jersey only		
	Тур	of Activity in New Jersey only		
10.	eng	below each place of business and each class of industry in New Jersey, even though you may have only one place of business or age in only one class of industry. Do you have more than one employing facility in New Jersey	[] Yes	₩No
	·	J WORK LOCATIONS (Physical location, not mailing address) NATURE OF BUSINESS (See Instructions)	No.	of Workers at
	***********	Street Address, City, Zip, Code County Code	Ea-	ch Location n Each Class
		a suppose absorption ,	- D	f Industry

(Continue on separate sheet, if necessary)

ΞIN	: NAME:	NJ-	REG.
	Each Question Must Be Answered Completely		
1,	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
	b. Will you need to make exempt purchases for your inventory or to produce your product?	☐ Yes	∭ No
	c. Is your business located in (check applicable box(es)): Atlantic City Salem County North Wildwood Wildwood Crest		
	d. 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
	Do you intend to sell cigarettes? Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG. To obtain a cigarette retail or vending machine license complete the form CM-100 on page 45.		⊕ No ⊕ No
٠.	a. Are you a distributor or wholesaler of tobacco products other than cigarettes?		
	b. Do you purchase tobacco products other than cigarettes from outside the State of New Jersey?	:: Yes	⊜ N∈
	Are you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? See instructions for retailer liability and definition of litter-generating products.		□N
	Are you an owner or operator of a sanitary landfill facility in New Jersey? IF YES, indicate D.E.P. Facility # and type (See instructions) a. Do you operate a facility that has the total combined capacity to store 200,000 gallons or more of petroleum products?		© N ⊕ N
	b. Do you operate a facility that has the total combined capacity to store 20,000 gallons (equals 167,043 pounds) of hazardous chemicals?		© No
	c. Do you store petroleum products or hazardous chemicals at a public storage terminal?		∭ No
7.	Will you be involved with the sale or transport of motor fuels and/or petroleum? Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG. To obtain a motor fuels retail or transport license complete and return the CM-100 in this booklet.	□ Yes	ON
	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	ON
	c. 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?	PTI VI.	ONG
3,	Will you be providing goods and services as a direct contractor or subcontractor to the state, other public agencies including local governments, colleges and universities and school boards or to casino licensees?		SS No.
},	Will you be engaged in the business of renting motor vehicles for the transportation of persons or non-commercial freight?		ON
	Will you be engaged in the rental of rooms in a hotel, motel, bed & breakfast or similar facility?	☐ Yes	ΠN
	an outdoor advertising sign or to engage in the business of outdoor advertising, pursuant to N.J.S.A. 27:5-8?	☐ Yes	ΩNe
	Telephone Numbers: Contact Person Title		
	Daytime: () Ext. Evening: ()	Ext	
	Signature of Owner, Partner or Officer		
	TitleDate		

IF YOU ARE A SOLE PROPRIETOR OR A PARTNERSHIP WITHOUT EMPLOYEES

STOP HERE

IF YOU HAVE EMPLOYEES PROCEED TOTHE 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