

STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS REGISTRATION

MAIL TO:
CLIENT REGISTRATION
PO BOX 252
TRENTON, NJ 08646-0252

Read instructions before completing this form
ALL SECTIONS MUST BE FULLY COMPLETED ON THIS APPLICATION

REGISTRATION DETAIL

- A. Please indicate the reason for your filing this application (Check only one box)
- Original application for a new business.
 - Application for a new location of an existing business.
 - Amended application for an existing business.
 - Moved previously registered business to new location (NJ-C can be used in lieu of NJ-REG)

Give name and NJ Registration Number of 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
Zip Code -
(Give 9-digit Zip)

Name _____
Street _____
City _____ State
Zip Code -
(Give 9-digit Zip)

(See instructions for providing alternate addresses)

BUSINESS DETAIL

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
- Other _____
- Limited Partnership
- S Corporation
- Limited Liability (1065 Filer)
- Limited Liability (1120 Filer)

I. New Jersey Business Code (see instructions)

J. County / Municipality Code (see instructions) K. County _____

L. Will this business be open all year? Yes No

If NO - Circle months business will be open:

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

M. IF A CORPORATION, complete the following:

Date of Incorp. _____ / _____ / _____ State of Incorp. Fiscal month

Is this a Subsidiary of another corporation? YES NO

If YES, give name & Federal ID# of parent _____

N. Standard Industrial Code (If known)

O. Provide the following information for the owner, partners or responsible corporate offices. (If more space is needed, attach rider.)

FOR OFFICIAL USE ONLY

DLN B - _____

CORP # _____

OWNERSHIP DETAIL

NAME (Last Name, First, MI)	SOCIAL SECURITY NUMBER TITLE	HOME ADDRESS (Street, City, State, Zip)	PERCENT OF OWNERSHIP

BE SURE TO COMPLETE NEXT PAGE

FEIN# : _____ NAME: _____

Each Question Must Be Answered Completely

11. a. Will you collect New Jersey Sales Tax and/or pay Use Tax? Yes No
GIVE EXACT DATE YOU EXPECT TO MAKE FIRST SALE _____ / _____ / _____
Month Day Year

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 Wildwood

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

12. Do you intend to sell cigarettes? Yes No

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 CM-100 in this booklet.

13. a. Are you a **distributor** or **wholesaler** of tobacco products other than cigarettes? Yes No

b. Do you purchase tobacco products other than cigarettes from outside the State of New Jersey? Yes No

14. Are you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? If your annual retail sales of litter generating products is **less than \$250,000** you are **EXEMPT** from this tax. (See Instructions) Yes No

15. Are you an owner or operator of a sanitary landfill facility or a solid waste facility in New Jersey? Yes No
IF YES, indicate D.E.P. Facility # and type (See instructions) _____

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? Yes No
Name of terminal _____

17. a. Will you be involved with the sale or transport of motor fuels and/or petroleum? Yes No

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.

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

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? Yes No

18. List any other New Jersey State taxes for which this business may be eligible (see instructions).

Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext. _____ Evening: () _____ - _____ Ext. _____

Signature of Owner, Partner or Officer _____

Title _____ Date _____

IF YOU ARE A SOLE PROPRIETOR OR A PARTNERSHIP

STOP HERE

IF YOU ARE FORMING A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR A LIMITED LIABILITY PARTNERSHIP YOU MUST CONTINUE ANSWERING APPLICABLE QUESTIONS ON PAGES 19 AND 20

**PLEASE NOTE THAT IF YOU ARE A
SOLE PROPRIETOR OR A PARTNERSHIP
THAT THE FOLLOWING INFORMATION
DOES NOT PERTAIN TO YOU**

Applicants who are registering as a New Business Entity (corporation, limited liability company, limited partnership or a limited liability partnership) must complete the Public Records Filing for New Business Entity (Pages 19 and 20) of the NJ-REG in addition to pages 15 - 17.

Please note that the Public Records Filing (Pages 19 - 20) may be submitted prior to the completion of pages 15 - 17 of the NJ-REG to establish the business entity but the remainder of the NJ-REG (pages 15 - 17) must be submitted within 60 days of filing the business entity.

STATE OF NEW JERSEY
DIVISION OF REVENUE

PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY

Fill out all information below INCLUDING INFORMATION FOR ITEM 12, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. **Business Name:**

2. **Alternate Business Name:**

3. **Type of Business Entity:** _____
(See Instructions for Codes, Page 9, Item 3))

4. **Business Purpose :**
(See Instructions, Page 9, Item 4)

5. **Stock** (Domestic Corporations Only - Total Shares):

6. **Duration** (If Indefinite or Perpetual, Leave Blank):

7. **State of Formation/Incorporation** (Foreign Entities Only):

8. **Date of Formation/Incorporation** (Foreign Entities Only):

9. **Contact Information:**

Registered Agent Name: _____

Registered Office
(Must be a New Jersey address with street address)

Main Business or Principal Business Address
(If different than the Registered Office)

Street _____

Street _____

City _____ Zip _____

City _____ State _____ Zip _____

10. **Management** (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

Name	Street Address	City	State	Zip
------	----------------	------	-------	-----

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. **Incorporators** (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip
------	----------------	------	-------	-----

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

** Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature	Name	Title	Date
-----------	------	-------	------

_____	_____	_____	_____
_____	_____	_____	_____

12. Additional Entity - Specific Information

A. Domestic Non-Profit Corporations (Title 15A)

- The corporation shall have members: Yes No
If yes, qualification shall be:
 As set forth in the by-laws or, As set forth herein:

- The rights and limitations of the different classes of members shall be:
 As set forth in the by-laws or, As set forth herein:

- The method of electing the trustees shall be:
 As set forth in the by-laws or, As set forth herein:

- The method of distribution of assets shall be:
 As set forth in the by-laws or, As set forth herein:

B. Foreign Corporations - Profit, Non-Profit and Foreign Legal Professional (Titles 14A and 15A)

Attach a certificate of good standing/existence from the state of formation/incorporation not greater than 30 days old to this form.

C. Limited Partnerships (Title 42:2A)

- Set forth the aggregate amount of cash and a description and statement of the agreed value of other property or services contributed (or to be contributed in the future) by all partners:

- Do the limited partners have the power to grant the right to become a limited partner to an assignee of any part of their partnership Yes No
If yes, list the terms/conditions of that power:

- Do the limited partners have the right to receive distributions from a partner which includes a return of all or any part of the partner's contributions? Yes No
If yes, list the applicable terms:

- Do the general partners have the right to make distributions to a partner which includes a return of all or any part of the partner's contributions? Yes No
If yes, list the applicable terms:

- What are the rights of the remaining general partners to continue the business in the event that a general partner withdraws? List below:

D. Foreign Limited Partnerships (Title 42:2A)

- Set forth the aggregate amount of cash and a description and statement of the agreed value of other property or services contributed (or to be contributed in the future) by all partners:

- Attach a certificate of good standing/existence from the state of formation/incorporation not greater than 30 days old to this form.