

NJ-REG
(04-10)

STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS REGISTRATION APPLICATION

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

*** NO FEE REQUIRED ***

Please read instructions carefully before filling out this form
ALL SECTIONS MUST BE FULLY COMPLETED

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
33 WEST STATE ST 3rd FL
TRENTON, NJ 08608

HOTLINE:
(609) 292-9292

REGISTRATION DETAIL

A. Please indicate the reason for your filing this application:

- Original application for a new business
- 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: _____
- Application for an additional location of an existing registered business
- Applying for a Business Registration Certificate

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)

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

(See instructions for providing alternate addresses)

F. Mailing Name and Address: (if different from business address)

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

BUSINESS DETAIL

G. Beginning date for this business: _____ / _____ / _____ (see instructions) O/C _____
month day year

H. Type of ownership (check one):

- NJ Corporation Sole Proprietor Partnership Out-of-State Corporation LLP 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)

J. County / Municipality Code (see instructions) K. County _____ (New Jersey only) H

FOR OFFICIAL USE ONLY
DLN _____

L. Will this business be SEASONAL? Yes No

If YES - Circle months business will be open:

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

M. If an ENTITY (Item C) complete the following:

Date of Incorporation: _____ / _____ / _____
month day year

State of Incorporation 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)

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: _____
 _____ / _____ / _____
 Month Day Year

N J D E C

- c. Date cumulative gross payroll exceeds \$1000 _____ / _____ / _____
 Month Day Year
- d. Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey? Yes No
- e. Will you be the payer of pension or annuity income to New Jersey residents? Yes No
- 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. Did you acquire Substantially all the assets; Trade or business; Employees; of any previous employing units? Yes No
 If answer is "No", go to question 4.
 If answer is "Yes", indicate by a check whether in whole or part, and list business name, address and registration number of predecessor or acquired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)

Name of Acquired Unit _____	NJ Employee ID _____	ACQUIRED	PERCENTAGE ACQUIRED
_____	_____	<input type="checkbox"/> Assets	_____ %
Address _____	Date Acquired _____	<input type="checkbox"/> Trade or Business	_____ %
_____	_____	<input type="checkbox"/> Employees	_____ %

3. Subject to certain 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? Yes No
4. Is your employment agricultural? Yes No
5. Is your 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 _____ / _____ / _____
 Month Day Year

6. Are you a 501(c)(3) organization? Yes No
 If "Yes," to apply for sales tax exemption, obtain form REG-1E at www.state.nj.us/treasury/taxation/exemption.htm.
7. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year? Yes No
 (See instruction sheet for explanation of FUTA) If "Yes", indicate year: _____

8. a. Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey? .. 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? Yes No

9. Types of Business 1. Manufacturer 2. Service 3. Wholesale
 4. 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. Yes No
- a. Do you have more than one employing facility in New Jersey Yes No

NJ WORK LOCATIONS (Physical location, not mailing address)		NATURE OF BUSINESS (See Instructions)			No. of Workers at Each Location and/in Each Class of Industry
Street Address, City, Zip Code	County	NAICS Code	Principal Product or Service Complete Description	%	

FEIN: _____

NAME: _____

NJ-REG

(8-06)

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 on page 45 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 47.
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"? See instructions for retailer liability and definition of litter-generating products. Yes No
15. Are you an owner or operator of a sanitary landfill 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. 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? Yes No
19. Will you be engaged in the business of renting motor vehicles for the transportation of persons or non-commercial freight? Yes No
20. Is your business a hotel, motel, bed & breakfast or similar facility and located in the State of New Jersey? Yes No
21. Do you hold a permit or license, issued by the New Jersey Department of Transportation, to erect and maintain an outdoor advertising sign or to engage in the business of outdoor advertising? **Fee expired effective 7/1/07** Yes No
22. Do you make retail sales of new motor vehicle tires, or sell or lease motor vehicles? Yes No
23. Do you provide "cosmetic medical procedures" or goods or occupancies directly associated with such procedures? Yes No
 (See description of Cosmetic Procedures Gross Receipts Tax in the list of Taxes of the State of New Jersey, page 5.)
 Type of Business _____
24. Do you sell voice grade access telecommunications or mobile telecommunications to a customer with a primary place of use in this State? Yes No
25. Will you make retail sales of "fur clothing"? Yes No
 (See full description of Fur Clothing Retail Gross Receipts Tax in the list of Taxes of the State of New Jersey, page 5)
26. Contact Information: Person _____ Title: _____
 Daytime Phone: () _____ - _____ Ext. _____ E-mail address: _____
 Signature of Owner, Partner or Officer: _____
 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