TAIL	NJ-REG (8-05)       STATE OF NEW JERSEY DIVISION OF REVENUE         * NO FEE REQUIRED *       BUSINESS REGISTRATION APPLICATION Please read instructions carefully before filling out this form ALL SECTIONS MUST BE FULLY COMPLETED         A. Please indicate the reason for your filing this application (Check only one box)       OVERNIGHT DEL CLIENT REGIS 847 ROEBLING TRENTON, NJ         A. Please indicate the reason for your filing this application (Check only one box)       OVERNIGHT DEL CLIENT REGIS 847 ROEBLING TRENTON, NJ         A polication for a new business       Amended application for an existing business         Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG)         Name and NJ Registration Number of your existing business:						
E	Name and No Registration Number of your existing						
REGISTRATION DETAIL	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)         Street         City         State         Zip Code						
	(Give 9-digit Zip)	Zip Code					
	(See instructions for providing alternate addresses)		(Give 9-digit Zip)				
G. Beginning date for this business:      /							
	NAME (Last Name, First, MI)	SOCIAL SECURITY NUMBER TITLE	HOME ADDRESS (Street City State Zin)	PERCENT OF OWNERSHIP			
, TL	(Last Name, First, MI)		(Street, City, State, Zip)				
ETA				-			
OWNERSHIP DETAIL				_			
				-			
	В	E SURE TO COMPLETE NEXT P	AGE				

FEIN#	<b>#:</b>			NAME:				NJ	-REG
			Eac	h Question Must Be Ans	wered Completel	у			
1.	a.	Have you or will you	u be paying wages, salaries or com	missions to employees wo	rking in New Jerse	ey within the next 6 months?		□ Yes	□ No
		Give date of first wa	age or salary payment:	/ Month Day	/ Year				
		If you answered "No	o" to question 1.a., please be aware	,		uired to notify the Client Registration	on Bure	au	
	b.	at PO Box 252, Trenton NJ 08646-0252, or phone (609)- b. Give date of hiring first NJ employee:		)-292-1730.					
		· · ·		Month Day	/Year				
	C.	Date cumulative gro	oss payroll exceeds \$1,000	/ / Day	//Year	-			
	d.	Will you be paying v	wages, salaries or commissions to N			ersey?		□ Yes	□ No
	e. Will you be the payer of pension or annuity income to New Jersey residents?							□ Yes	□ No
	f.	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?							
	g.	Is this business a P	EO (Employee Leasing Company)?	(If yes, see page 6)				□ Yes	□ No
2.	lf : If :	answer is "No", go to answer is "Yes", indic	ate by a check whether □ in whole	or  in part, and list busi	ness name, addre	ss and registration number of pred	decesso		□ No
		•			nore than one, list separately. Continue on separate sheet if necessary.)			PERCEN	
	Na	ame of Acquired Unit		N.J.	Employer ID	ACQUIRED	1	ACQUIF	RED
						□ Assets □ Trade or Busines	s		% %
	Ac	Idress		Da	te Acquired	Employees			%
	fro	om a subject predece	ations, the law provides for the tran ssor employer. The transfer of the e	mployment experience is	required by law.				·
4		•	d successor units owned or control						□ No
		, , , ,							□ No
5.	ls	your employment ho	usehold?					□ Yes	□ No
	a.	If yes, please indica	te the date in the calendar quarter	in which gross cash wage	es totaled \$1,000 o	or more/ Month Dav	/Y	ear	
6	Ar	e vou a 501(c)(3) oro	anization?						□ No
1.		Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year?							
	(See instruction sheet for explanation of FUTA) If "Yes", indicate year:								
8.	a.								□ No
		If "Yes," please state reason. (Use additional sheets if necessary.)							
	b.		ne mandatory provisions of the Uner lect to become subject to its provisi			, , , , , , , , , , , , , , , , , , , ,		□ Yes	□ No
9.	Ту	pe of business	1. Manufacturer	□ 2. Servi		□ 3. Wholesale			
			□ 4. Construction	□ 5. Retail		□ 6. Governmer			
		rincipal product or service in New Jersey only							
10.			Jersey only						
		engage in only one class of industry.							
	a.	Do you nave more	than one employing facility in New J	ersey				⊔ Yes	□ No
		NJ WORK LOCATIONS (Physical location, not mailing address) NATURE OF BUSINESS (See Instructions)					No	f Workors a	
		NJ WORK LUCATIC	Prive (Privisical location, not mailing addre	s)	NATURE OF NAICS	, ,		_	of Workers a ch Location
	Street Address, City, Zip Code		County	Codo	Principal Product or Service Complete Description %			n Each Clas	
								01	f Industry
			(	Continue on separate she	et, if necessary)			1	

FEIN:		NAME:			
		Each Question Must Be Answered Completely			
11.	а	. Will you collect New Jersey Sales Tax and/or pay Use Tax?	□ Yes	□ No	
	b	. Will you need to make exempt purchases for your inventory or to produce your product?	□ Yes	□ No	
		. 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	
	Ν	<ul> <li>bo you intend to sell cigarettes?</li> <li>lote: If yes, complete the REG-L form on page 45 in this booklet and return with your completed NJ-REG.</li> <li>To obtain a cigarette retail or vending machine license complete the form CM-100 on page 47.</li> </ul>		□ No	
13.		. Are you a <b>distributor</b> or <b>wholesaler</b> of tobacco products other than cigarettes?		□ No □ No	
	D				
	li	re you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? See instructions for retailer ability and definition of litter-generating products.		□ No	
	H	re you an owner or operator of a sanitary landfill facility in New Jersey?		□ No	
16.		. Do you operate a facility that has the total combined capacity to store 200,000 gallons or more of petroleum products? Do you operate a facility that has the total combined capacity to store 20,000 gallons	□ Yes	□ No	
	U	(equals 167,043 pounds) of hazardous chemicals?	□ Yes	□ No	
	С	. Do you store petroleum products or hazardous chemicals at a public storage terminal?	□ Yes	□ No	
17.	а	<ul> <li>a. Will you be involved with the sale or transport of motor fuels and/or petroleum?</li> <li>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.</li> </ul>			
	b	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?			
		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?			
18.		Will you be providing goods and services as a direct contractor or subcontractor to the state, other public agencies ncluding local governments, colleges and universities and school boards, or to casino licensees?	□ Yes	□ No	
19.	١	Will you be engaged in the business of renting motor vehicles for the transportation of persons         or non-commercial freight?		□ No	
~~		-			
20. 21.	I	s your business a hotel, motel, bed & breakfast or similar facility and located in the State of New Jersey?			
	â	an outdoor advertising sign or to engage in the business of outdoor advertising?	□ Yes	□ No	
22.	I	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? See description of Cosmetic Procedures Gross Receipts Tax in the list of Taxes of the State of New Jersey.) Type of Business	□ Yes	□ No	
24.	I	Do you sell voice grade access telecommunications or mobile telecommunications to a customer with a primary place of use in this State?			
25.	(	Contact Information: Person Title:			
		Daytime Phone: ( ) Ext E-mail address:			
		Signature of Owner, Partner or Officer:			
		Title Date:			

## - NO FEE 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 17-19 of this booklet (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. Mail to: PO Box 308 Trenton, NJ 08646

## STATE OF NEW JERSEY DIVISION OF REVENUE

Overnight to: 225 West State St. 3rd Floor Trenton, NJ 08608-1001

# **"FEE REQUIRED"** PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, 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 <u>public</u>. 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.	. Type of Business Entity: (See Instructions for Codes, Page 21, Item 2)			<b>3. Business Purpose :</b> (See Instructions, Page 22, Item 3)			
4.	Stock (Domestic Corporations only; LL	Cs and Non-Profit leave bla	ank):	5. Duration (If Indefinite	<b>5. Duration</b> (If Indefinite or Perpetual, leave blank):		
6.	. State of Formation/Incorporation (Foreign Entities Only):			7. Date of Formation/In	corporation (For	eign Entities Only):	
8.	Contact Information: Registered Agent Name:						
	Registered Office: (Must be a New Jersey <u>street</u> address)		<u>Main B</u>	usiness or Principal Busines	s Address:		
	Street		Street				
	City	Zip	_ City	St	ateZip		
9.	<ul> <li>Management (Domestic Corporations and Limited Partnerships Only)</li> <li>For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;</li> <li>Domestic Non-Profits list Board of Trustees, minimum of 3;</li> <li>Limited Partnerships list all General Partners.</li> </ul>						
	Name	Street Address	3	City	State	Zip	
	The signatures below certify that the busine	ess entity has complied with all	applicable fili	ing requirements pursuant to	the laws of the Sta	te of New Jersey.	
10.	Incorporators (Domestic Corporations Only, minimum of 1)						
	Name	Street Address	3	City	State	Zip	
	Signature(s) for the Public Record (See instructions for Information on Signature Requirements)						
	Signature	Na	ame	Title		Date	

## 11. Additional Entity - Specific Information

- A. Domestic Non-Profit Corporations (Title 15A) For IRS exemption considerations, see instructions.
  1a. The corporation shall have members: ..... □ Yes □ No If yes, qualification shall be:
  - $\Box$  As set forth in the by-laws or,  $\Box$  As set forth herein:
  - 1b. The rights and limitations of the different classes of members shall be:
    □ As set forth in the by-laws or, □ As set forth herein:
  - 2. The method of electing the trustees shall be:□ As set forth in the by-laws or, □ As set forth herein:
  - 3. 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 incorporation not greater than 30 days old to this form.

## C. Limited Partnerships (Title 42:2A)

1. 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:

2. 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 $\ldots$	les □ No
If yes, list the terms/conditions of that power:	

- 3. 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:
- 4. 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?
  If yes, list the applicable terms:
- 5. 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: