	NJ-R	EG	STATE OF NEW JERSEY							
	(7-201	Β) [	IVISION OF REVENUE AND ENTERPRISE SERVICES							
	Г	*NO FEE REQUIRED*	USINESS REGISTRATION APPLICATION	MAIL TO:						
	L	NO I EL REGUIRED	ease read instructions carefully before filling out this form	CLIENT REGISTRATION						
		·	ALL SECTIONS MUST BE FULLY COMPLETED	PO BOX 252 TRENTON, NJ 08646-0252						
	A.	Please indicate the reason for your filing		TRENTON, NJ 00040-0232						
		,		OVERNIGHT DELIVERY:						
		_ •	Original application for a new business							
		Moved previously registered busing	Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG)							
		☐ Amended application for an existing	TRENTON, NJ 08608							
		Reason(s) for amendin	Hotline							
AL		☐ Application for an additional locati	609-292-9292							
┕				www.nj.gov/treasury/revenue/						
Z			Applying for a <b>B</b> usiness <b>R</b> egistration <b>C</b> ertificate							
BUSINESS DETAIL REGISTRATION DETAIL		withholding for Employee(s) resid	ng in NJ ( <u>Not</u> doing business or employing <u>in</u> NJ)							
B. FEIN# - OR Social Security # of Owner										
<u>S</u>		☐ Check Box if "Applied for"								
ZE(	C.									
	О.	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)								
	<b>D</b>									
	D.	Trade Name								
	E.	Business Location: (Do not use P.O. Box for	Location Address) F. Mailing Name and Address: (if different	nt from business location)						
		Street	Name							
		City	State Street							
		·	<u> </u>	01-1-						
		Zip Code	City	State						
		(give 9 digit postal code)	Zip Code							
	(S	ee instructions for providing alternate addresses)	(give 9 digit postal o	ode)						
	G.	Beginning date for this business:	/ (see instructions)	O/C						
		Month Day Year								
		/pe of ownership (check one):								
		NJ Corporation								
		Limited Partnership    LLC (1065 Filer)    LLC (1120 Filer)    LLC (Single Member)    S Corporation (you <b>must</b> complete page 41)								
	I.	New Jersey Business Code	FOR OFFICIAL USE ONLY							
¥	J.	County/Municipality Code (see instructions) K. County DLN								
H	L.	. Will this business be SEASONAL?								
SS		If YES – Circle months business will be	ppen: JAN FEB MAR APR MAY JUN JUL AUG SEF	P OCT NOV DEC						
Ä	М.	If an ENTITY (Item C) complete the follow								
SUS		` ′ — —								
٦	Date of Incorporation:   /     /   State of Incorporation   Fiscal Month									
			NJ Business/Corp. #							
		Is this a Subsidiary of another corpor	ation?   YES   NO							
		If YES, give name and Federal ID# of parent:								
		Standard Industrial Code		(if known)						
	P.		owner, partners or responsible corporate officers. (If more space is needed,	· 1						
		NAME (Last Name, First, MI)	SOCIAL SECURITY NUMBER HOME ADDR TITLE (Street, City, State, 2							
ŀ		(	(enset, enj, enne, e	STITLE INC.						
OWNERSHIP DETAIL										
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FFIN	J#·			NAME					NJ-F	REG
. – 11	• <i>r</i>					ed Complete		_		
	_					•	•			
1.	a.	Have you or will you be payin		nissions to emplo	yees working in N	lew Jersey within	tne next 6 months? .		☐ Yes	□ No
		Give date of first wage or sala	ary payment:	Month	/ Day	Year				
	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 Bureau at PO Box 252, Trenton NJ 08646-0252, or phone 609-292-9292.									
	b.	Give date of hiring first NJ em	nployee:	Month	/ Day	Year				
	c.	Date cumulative gross payrol	I exceeds \$1,000	Month	//	Year				
	d.	Will you be paying wages, sa	laries or commissions to N	lew Jersey reside	nts working outsid	de New Jersey?			☐ Yes	□ No
	e.	Will you be the payer of pens	ion or annuity income to N	ew Jersey reside	nts?				☐ Yes	□ No
	f.	Will you be holding legalized proceeds from any one prize							□ Yes	□ No
	g.	Is this business a PEO (Empl	oyee Leasing Company)?	(If yes, see page 6	.)				☐ Yes	□ No
2.	Did	you acquire   Substantially	all the assets:	e or husiness:	Temployees: of	any previous emr	olovina units?		□ Yes	□ No
		nswer is "No" go to question 4.	an ino accord, —— mad	o or buomicoo,		any provided only	noying anito:		□ 100	
	If answer is "Yes" indicate by a check whether $\square$ in whole or $\square$ in 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).									
		me of Acquired					ACQUIRE	-D	PERCEI	
	Uni	<u> </u>		. [	NJ Employer ID		☐ Assets	_0	ACQU	
-					1,					%
	Add	dress		Manufa	//		☐ Trade or Bu	siness		%
				Month	Day Date Acquired	Year	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 from a subject predecessor employer. The transfer of the employment experience is required by law.							business is ac	quired	
	Are	the predecessor and successo	r units owned or controlled	by the same inte	rests?		•••••		☐ Yes	☐ No
4.	ls y	our employment agricultural?							☐ Yes	☐ No
5.	ls y	our employment household?					<u></u>		☐ Yes	☐ No
	a.	If yes, please indicate the date	te in the calendar quarter i	n which gross cas	h wages totaled	\$1,000 or more	/	/		
6.	Are you a 501(c)(3) organization?								☐ Yes	☐ No
	If "Yes" to apply for sales tax exemption, obtain form REG-1E at <a href="http://www.state.nj.us/treasury/taxation/pdf/other-forms/sales/reg1e.pdf">http://www.state.nj.us/treasury/taxation/pdf/other-forms/sales/reg1e.pdf</a>									
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.								☐ Yes	□ No	
	b.	f "Yes" please state reason. (U If exemption from the manda wish to voluntarily elect to be	tory provisions of the Uner	mployment Comp					- □ Yes	□ No
9.	Тур	pe of business	. Manufacturer	☐ 2. Se	rvice	□ 3.	Wholesale			
			I. Construction	☐ 5. Re	tail	□ 6.	Government			
	Principal product or service in New Jersey only									
	Type of Activity in New Jersey only									
10.		t below each place of business annly one class of industry.	·	,	0 ,				_	
	a.	Do you have more than one	· · · · · ·	lersey					☐ Yes	□ No
J WORK L		LOCATIONS(Physical location,	OCATIONS(Physical location, not mailing address)  NATURE OF BUSINESS (See Instructions)				rkers at Each d/in Each Cla			
Street Address, City, Zip Code		Address, City, Zip Code	County	NAICS Code	Principal Prod	uct or Service Co	mplete Description	%		ndustry

(Continue on separate sheet, if necessary)

FEIN#:		NAME:	NJ-REG				
		Each Question Must Be Answered Completely					
1.	a.	Will you collect New Jersey Sales Tax and/or pay Use Tax?	☐ Yes	□N			
		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	□N			
	c.	Is your business located in (check applicable box(es)):					
		□ 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	□и			
	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	□N			
2.		Do you intend to sell cigarettes?	☐ Yes	□N			
		<b>Note:</b> 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 form CM-100 on page 44.					
3.	a.	a. Are you a <b>distributor</b> or <b>wholesaler</b> of tobacco or nicotine products other than cigarettes?					
	b.	are required to provide supplemental information directly to the Division of Taxation on Form TPT-R, Tobacco and Nicotine Products Registration. This form is available at <a href="https://www.nj.gov/treasury/taxation/prnttobacco.shtml">https://www.nj.gov/treasury/taxation/prnttobacco.shtml</a> .					
	C.	Do you intend to sell Container E-Liquid?	☐ Yes				
	d.	related accessories?  Note: If yes, complete the Vapor Business License Application (form VB-R)					
4		This form is available at <a href="https://www.nj.gov/treasury/taxation/prnttobacco.shtml">https://www.nj.gov/treasury/taxation/prnttobacco.shtml</a> .					
ŀ.		Are you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? See instructions for retailer liability and definition of litter-generating products	☐ Yes				
i.		Are you an owner or operator of a sanitary landfill facility in New Jersey?	□ Yes				
		IF YES, indicate D.E.P. Facility # and type (See instructions)					
<b>3</b> .	a.	Do you operate a facility that has the total combined capacity to store 200,000 gallons or more of petroleum products?					
	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				
	c.	Do you store petroleum products or hazardous chemicals at a public storage terminal?	☐ Yes				
		Name of terminal					
·.	a.	Will you be involved with the sale of petroleum products?					
		Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG. You will be sent a motor fuel license application (MFA-1) or you can download this application at <a href="https://www.state.nj.us/treasury/taxation/prntmf.shtml">www.state.nj.us/treasury/taxation/prntmf.shtml</a>					
	b.						
	c.	importing of petroleum products into New Jersey for consumption in New Jersey?  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?					
3.		Will you be providing goods and services as a direct contractor or subcontractor to the State, other public agencies	☐ Yes				
		including local governments, colleges and universities and school boards, or to casino licensees?	☐ Yes				
9.		Will you be engaged in the business of renting motor vehicles for the transportation of persons or non-commercial freight?	☐ Yes				
).		Is your business a hotel, motel, bed & breakfast or similar facility (or do you provide other transient accommodation rentals (e.g., vacation rental, house, room, or similar lodging used on a transient basis) in the State of New Jersey?	☐ Yes				
۱.		Will this business be operating in the Sports and Entertainments District of Millville, NJ?	☐ Yes	$\square$ N			
		If yes, will the business be engaged in obtaining gross receipts from any of the following (Circle all that apply if "Yes")					
		a. Sales, rental or leases of tangible personal property b. Sales of food & drink c. Charges of admission d. Rental charges for hotel of	occupancies				
2.		Do you make retail sales of new motor vehicle tires, or sell or lease motor vehicles?	☐ Yes				
3.		Do you sell voice grade access telecommunications or mobile telecommunications to a customer with a primary place of use in this State?	☐ Yes				
4.		Contact Information Person: Title:					

## 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