

Read instructions before completing this form

**ALL SECTIONS MUST BE FULLY COMPLETED ON THIS APPLICATION**

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

**OVERNIGHT DELIVERY:**  
CLIENT REGISTRATION  
160 S. BROAD STREET  
TRENTON, NJ 08625

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)

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 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 \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DLN B - \_\_\_\_\_  
CORP # \_\_\_\_\_

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 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: \_\_\_\_\_

**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).  
\_\_\_\_\_

19. 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 WITHOUT EMPLOYEES**

**STOP HERE**

**IF YOU HAVE EMPLOYEES PROCEED TO  
THE STATE OF NJ NEW HIRE REPORTING FORM ON PAGE 25**

**IF YOU ARE FORMING A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR A LIMITED LIABILITY PARTNERSHIP YOU MUST CONTINUE ANSWERING APPLICABLE QUESTIONS ON PAGES 21 AND 22**