

BUSINESS REGISTRATION APPLICATION

*** NO FEE REQUIRED ***

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

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

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
847 ROEBLING AVENUE
TRENTON, NJ 08611

FAX:
(609) 292-4291

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 registered 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)
 - Applying for a **Business Registration Certificate**

Name and NJ Registration Number of your 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: _____ / _____ / _____ (see instructions)
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)

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 Incorporation: _____ / _____ / _____ State of Incorporation Fiscal month

month day year

Is this a Subsidiary of another corporation? YES NO NJ Business/Corp. #

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

