

Business Startup Application

Proposed Business Name: _____

Business Address _____

Phone _____ E-mail _____

Federal EIN, if acquired _____ Startup date _____

Federal Tax Type

Sole proprietor Partnership Corporation S Corporation Non-Profit

Type of Business Entity

State/States _____

Same as Federal LLC, Single Member LLC, Multiple member Other _____

Members – List all

1) Owner/Partner/President/Shareholder % if ownership _____ Signature

Name _____ Social Security _____

Address _____

Phone _____ E-Mail _____

2) Owner/Partner/President/Shareholder % if ownership _____ Signature

Name _____ Social Security _____

Address _____

Phone _____ E-Mail _____

List additional members on back (Signatures required for each member)

Answer the following questions about your business

Will you be paying wages, salaries or commissions to employees working in applicable states within the next 6 months? Y N

Will you be paying wages, salaries or commissions to business state residents working outside that state? Y N

Will you be the payer of pension or annuity income to anyone? Y N

Are you a 501 (c)(3) (non-profit) organization? Y N

Did you acquire substantially all the assets, trade/business and/or employees of any previous employing units? Y N

If yes, Form 8594? Y N

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Do you have more than one employing facility? Y N

Will you collect Sales Tax and/or pay Use tax? Y N

Will you need to make exempt purchases for your inventory or to produce your product? Y N

If yes, the state will send you a Resale Certificate and/or Exempt Use Certificate

Does your business involve the sale or distribution of cigarettes or other Tobacco products Y N

Will you be involved with the sale or transport of motor fuels and/or petroleum? Y N

Does your business involve the storage of petroleum and/or hazardous chemicals? Y N

Are you a manufacturer, wholesaler, distributor or retailer of litter-generating products? Y N

If your annual retail sales of litter-generating products is less then \$500,000, are you EXEMPT from this tax? Y N

Will you be holding legalized games of chance where proceeds from any one prize exceed \$1,000? Y N

Are you an owner or operator of sanitary landfill facility or a soled waste facility? Y N

If yes, indicate DEP facility & type _____

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 deliver? Y N

Will you be providing goods/services as a contractor or subcontractor to the sate, its agencies or to casino licensees? Y N

Is your business a rental company renting motor vehicles from a location in this state, under the terms of a rental agreement For a period of not more than 28 days? (There may be other taxes that you are liable for) Y N

Do you Make retail sales of new motor vehicle tires or sell or lease motor vehicles? Y N

Will you perform cosmetic medical procedures in order to improve the human subject's appearance,-or- will you sell tangible Personal property or occupancies required for or directly associated with such cosmetic procedures? Y N

Do you sell voice grade access telecommunications/mobile telecommunications to a customer within a primary place of use In this state? Y N

Is your business a hotel, motel, bed & breakfast or similar facility? Y N

Do you operate a solid waste facility that accepts solid waste for disposal or transfer to another solid waste facility? Y N

Will your business collect & transport solid waste directly to an out of state disposal site or to a rr transfer station? Y N

Will the business be open all year? Y N

If No, indicate the months the business will be open _____

If the business is a subsidiary of another corporation, give name & Federal ID of parent company _____