



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101
(973)-504-6370



Instructions for Registration as a Temporary Help Service Firm, Consulting Firm (Headhunter) /or Consulting Firm/Temporary Help Service Firm (Headhunter) *(Please Read These Instructions Carefully)*

Temporary Help Service Firm:

A temporary help service firm means any person who operates a business which consists of employing individuals directly or indirectly for the purpose of assigning the employed individuals to assist the firm's customers on the handling of the customers' temporary, excess or special workloads and who, in the addition to the payment of wages or salaries to the employed individuals while on assignment, pays or is required to pay Federal social security taxes and State and Federal unemployment insurance, carries or is required to carry workers compensation insurance as required by state law; and sustains responsibility for the actions of the employed individuals while they render services to the firm's customers

Consulting Firm:

A consulting firm is defined as a person who identifies, appraises, refers, or recommends individuals to be considered for employment by the employer, and is compensated for services solely by payments from the employer and is not in any instance compensated, directly or indirectly, by an individual who is identified, appraised, referred or recommended. Consulting firms are commonly known as "executive search firms" or "headhunters".

Consulting Firm/Temporary Help Service Firm:

If you are providing both types of services you can apply for the combination registration as a Consulting Firm and Temporary Help Service Firm.

A temporary help service surety bond form is required for a Temporary Help Service Firm and a Consulting Firm/Temporary Help Service Firm is enclosed for your use. It must be in the sum of one thousand dollars (\$1000) and it is to be posted with a duly authorized surety company. The bond is made payable to the State of New Jersey must be notarized and signed by the owner. The Director may waive such bond for any corporation or entity having a business net worth of \$100,000.00 or greater. To obtain such a waiver, the firm must provide a certified financial report provided by a certified public accountant or public accountant establishing a net worth of \$100,00 or more.

Registration Process:

A certified check or money order made payable to "New Jersey Division of Consumer Affairs" in the amount of \$175.00 (non-refundable) must be submitted with this application.

A copy of the filed New Jersey Certificate of Incorporation, Certificate of Formation, Trade Name Certificate, Alternate Name Certificate or a copy of approved Fictitious Name Certificate. If, the organization is an out of state firm, you MUST submit a copy of the New Jersey Certificate of Authority from the New Jersey Department of Treasury.

The registration process can take 30 to 60 days. Incomplete application(s) and/or missing documents will further delay this process.

Do not complete this application if you are a consultant. The Division does not regulate "Consultants".

Certified Home Health Aides companions, and healthcare practitioners placed in the personal residence of a person with a disability or age 60 or over can only be placed under a Health Care Service Firm registration which can be found on our website at www.njconsumeraffairs.gov .



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101
(973) 504-6370



Application for Registration

Choose One: Consulting Firm (Headhunter) Temporary Help Service Firm
 Consulting Firm/Temporary Help Service Firm

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee, have been received by this Division. If a question does not apply to your business, write "N/A."

1. Business Name

The name must match the name listed on the corporate, alternate name and trade name documents, the insurance certificate and the original bond.

2. List all other names under which the applicant does business. If you do not use any other name(s), write "None." If the answer to this question is left blank, it will automatically default to "None."

3. Indicate the type of business you own.

- Sole Proprietorship: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
- Partnership: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
- Corporation: Attach a copy of the business' Certificate of Incorporation. Refer to Sample #3, #4 or #5.
- Limited Liability Co.: Attach a copy of the business' Certificate of Formation. Refer to Sample #5, #6 or #7.
- Limited Liability Partnership: Attach a copy of your Certificate of Formation. Refer to Sample #5, #6 or #7.

Additional Requirements

- Out-of-State Corporation: Attach a copy of the business' New Jersey Certificate of Authority and the formation documents from your home state. Refer to Sample #9.
- Alternate Name: Attach a copy of the business' Registration of Alternate Name Form C-150G. Refer to Sample #8.

Contact your local county clerk's office to obtain a Trade Name Certificate.

Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.

Refer to the samples.

4. Business Address (Must be a street address.)		E-mail Address	
City		State	ZIP Code
Telephone No. (include area code)		Fax No. (include area code)	
5. Mailing Address If the address is the same as in question #4, write "N/A."			
5a. Please provide the name of a contact person such as the administrative manager/supervisor, with their direct telephone number and extension should the need arise for the Division to contact your agency.			
6. Agent – If the business is a corporation, L.L.C., or L.L.P., you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.			
Registered Agent's Name			
Street Address			
City		State: New Jersey	ZIP Code
Telephone No. (include area code)		Fax No. (include area code)	

Complete questions 7, ONLY if you are applying for temporary help service firm or consulting firm/temp. If applying for consulting firm (headhunter) only then no bond is required.

<p>7. Does your agency maintain a surety bond in the amount of \$1,000? If "Yes," please submit the original surety bond with this application.</p> <p>You may request a waiver of the bond requirement if you have a net worth of \$100,000.00 or greater.</p> <p>Are you claiming an exemption from the surety bond requirement? If "Yes," you must submit a certified financial report provided by a CPA or licensed public accountant establishing a net worth of \$100,000.00 or greater.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>8. Provide the business' Federal Employer Identification Number</p> <p>Federal Employer Identification Number (FEIN) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		

Complete questions 9(a) and 9(b), ONLY if the business is a sole proprietorship.

<p>9(a). Is the sole proprietor the subject of a child-support warrant or has he/she failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child-support proceeding?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9(b). Social Security number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>*Pursuant to <u>N.J.S.A. 54:50-24 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.44e</u> of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 <u>C.F.R.</u> 60.7, 60.8 and 60.9, the Office of Consumer Protection is required to obtain your Social Security number. Pursuant to these authorities, the Office of Consumer Protection is also obligated to provide your Social Security number to:</p> <p>a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;</p> <p>b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and</p> <p>c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.</p>		

10. List the full name, home and business street address and business telephone number of each owner, officer, director, principal and person with an ownership interest of 10 percent or more in the business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.



**You must indicate
Percentage of Ownership**

_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



**You must indicate
Percentage of Ownership**

_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



**You must indicate
Percentage of Ownership**

_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)

(Note: You may photocopy this page and attach additional pages to this application if there are more than three (3) owners, officers, directors, principals or persons holding 10% or more interest in the business.)

11. Pursuant to <u>N.J.S.A.</u> 34:8-44, has every officer, director, partner, principal and owner holding 10% or more interest in the agency provided a notarized affidavit certifying whether or not he/she has ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	-------------------------------------	------------------------------------

(Have each of the relevant individuals complete and sign a copy of page six of this application, have it notarized and attach the affidavit(s) to this application.) If “Yes,” please provide the following:

Name of person against whom action was taken	Date of Action	Nature of the Offense	Name and address of the government agency that took action	Action Taken

12. Provide the address and telephone number for every **primary location** (i.e., an address used by the agency for 90 calendar days or more to interview applicants, accept applications, or to solicit job orders from client companies).

Street address	City/Town	State	ZIP code	Telephone number (include area code)

If there are additional primary locations, please attach to this application a list of those locations. Please note an application is required with a \$175 fee for each primary location.

13. Daily schedule of hours when the agency will be open for business and records required by the statute, rules and regulations will be available for inspection _____ am to _____ pm.

Payment of the Registration Fee:

The nonrefundable fee to register is \$175 for each primary location. Payment **must** be submitted with the application. The certified check or money order should be made payable to the New Jersey Division of Consumer Affairs.

NOTE: Please be advised that any application that is missing required information will be rejected. The entire application must be completed and all affidavits must be notarized. All of the requested documentation must be submitted with the application.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } *ss.*
County of: _____

I, _____, in making this application to the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, for registration under the provisions of Title 34 of the General Statutes of New Jersey and the Rules of the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



AFFIDAVIT FOR EACH PARTNER, OFFICER AND DIRECTOR

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

_____ being duly sworn on his/her oath deposes and says:

1. I am the _____ of _____ and I am filing
Title Name of Business

this affidavit in accordance with the requirements of N.J.S.A. 34:8-44.

2. (Please check one.)

a. () I have never been convicted of a crime.

b. () I have been convicted of a crime. An explanation of the pertinent details of all convictions follows:

(Attach an additional sheet of paper if more space is needed.)

Name of Principal (please print)

Principal's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



All persons holding a ten (10) percent or greater pecuniary interest in the firm must submit a notarized affidavit. If the applicant is a partnership, every member of the partnership must sign a notarized affidavit. In addition, if the applicant is a corporation, each officer and director must sign a notarized affidavit.

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs.

For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

N.J. TRADE NAME CERTIFICATE

OUT-OF-STATE TRADE NAME CERTIFICATE

Sample #1

Sample #2



OCEAN COUNTY CLERK'S OFFICE
N.J. CERTIFICATE OF
TRADE NAME

CARL W. BLOCK, COUNTY CLERK
Ocean County, New Jersey
P.O. Box 2141, Toms River, NJ 08723-0141
609-828-2016 FAX 609-828-2011
www.oceanclerk.com

This is to certify that:

The following statement is made by the undersigned person in the presence of NJRS Notary Public, (Business and Partnership Names):

- The name under which the business is now to be conducted is [REDACTED]
- The nature of the business is [REDACTED]
- The address where the said business is now to be conducted is [REDACTED]
- The full name and residence in possession of each person connected with the said business as a member of the firm, partner or owner, and being a resident of Ocean, New Jersey is [REDACTED]

Business Telephone No. [REDACTED]
JERSEY STATE DEPARTMENT OF TREASURY
RECORDED SEP 2 2007 SEP 27 2007

The person, or partners or members of the firm or partnership intending to transact the said business, who are not residents in this State do hereby authorize the Clerk of the Ocean County to record this certificate of incorporation upon whom all original process may be served by an action of legal proceeding against said firm or partnership of the said nature against and process of process for any debt, damages or liability contracted or incurred by them in or proceeding out of the nature or transaction of said business. It is agreed that such original process which may be served upon the County Clerk shall be of the same force and effect as if served upon each resident person or persons, partners or members of the firm or partnership. The undersigned hereby declare to each resident, continue to live to be as they shall do, conduct or transact the said business in this State under said name.

Witnessed by: [REDACTED]

Notary Public: [REDACTED]

County of Ocean, New Jersey, who I am qualified to be the person [REDACTED]

In witness whereof, I have personally appeared before me and after being duly sworn, have declared to me the contents contained therein as true.

Notary Public: [REDACTED]
The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.

Note: The appearance of these documents may vary depending on the state and county of origin.

CORPORATION BUREAU
DEPARTMENT OF STATE
308 NORTH OFFICE BUILDING
HARRISBURG, PENNSYLVANIA 17120

0928 60 211 Rev. 2/04
REGISTERED NAME
REGISTRATION

In compliance with the requirements of Section 314 of Act 1982-286 (54 Pa. C.S. § 311), the undersigned hereby declare to carry on or conduct a business in this Commonwealth under the assumed or fictitious name, style or designation, does hereby certify that:

- Fictitious name [REDACTED]
- Address of the principal place of business (including street and number) [REDACTED]
- Brief statement of the character or nature of the business [REDACTED]
- Individual or individuals connected with the business (Name and address) [REDACTED]

I, the undersigned, hereby certify that the above information is true and correct to the best of my knowledge and belief.

IN TESTIMONY WHEREOF, I have caused this registration to be executed this 22 day of September, 2007.

Signature of Registrant: [REDACTED]
Name of Registrant: [REDACTED]
Address of Registrant: [REDACTED]
City and State: [REDACTED]

FILED	SEP 2 2 2007	REGISTERED NAME ONLY	COOPERATIVE BANK	SHARES HELD	REGISTERED NAME
REGISTERED BY	SEP 2 2 2007	DATE ACQUIRED	CLASS	AMOUNT	TYPE OF SHARES
CLASS	COMMON	CURRY TO	PAR VALUE	100.00	100.00
MAILED BY DATE	SEP 2 2 2007	CLASS	LOAN TO	100.00	100.00

CERTIFICATE OF INCORPORATION

Sample #3

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC. (PROFIT)

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 01/10/2007 and was assigned identification number 0430182023. Following are the articles that constitute its original certificate:

- Name: [REDACTED]
- The Registered Agent: [REDACTED]
- The Registered Office: [REDACTED]
- Business Purpose: [REDACTED]
- Stock: 100
- First Board of Directors: [REDACTED]
- Incorporators: [REDACTED]

Continued on next page ..



NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC. (PROFIT)

- The Main Business Address: [REDACTED]
- Signatures: [REDACTED]



IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal of the State of New Jersey, this 01/11/2007.
Bradley A. Blum
Treasurer of the State of New Jersey

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs.

For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF INCORPORATION

Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
CERTIFICATE OF INC. (PROFIT)

██████████
██████████

This State named SCIENTIFIC PROFIT CORPORATION was duly filed in accordance with New Jersey statute on 11/02/2009 and was assigned label FIRM in number 040274221. Following are the articles and regulations governing its organization.

1. Name: ██████████
2. Registered Agent: ██████████
3. Registered Offices: ██████████
4. Business Purpose: ██████████
5. Stock: ██████████
6. Effective Date of this Filing is: ██████████
7. Designation of Shares: ██████████
8. First Board of Directors: ██████████
██████████
██████████
9. Incorporators: ██████████
██████████
██████████
10. Main Business Address: ██████████
██████████


Signatures: ██████████

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Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
CERTIFICATE OF INC. (PROFIT)

██████████
██████████



IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Trenton, the 11th day of March, 2009.



A. David Alvarez
Treasurer

Certificate No. 1109430
Articles certified to.
Incorporated pursuant to Laws of New Jersey.

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Sample #5

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING


██████████
██████████

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 2, 2009.


As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

██████████
██████████



IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Trenton, this 16th day of November, 2009.



R. David Alvarez
Treasurer

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Note: Sole Proprietor and Partnership documents are issued by your local county clerk's office.
Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs .

For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF FORMATION

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF FORMATION

The above-named JOBSTEN LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 11/12/2009 and was assigned identification number 040035763. Following are the articles that constitute its original certificate.

1. Name:
2. Registered Agent:
3. Registered Office:
4. Business Purpose:
5. Members/Managers:
6. Main Business Address:

Signatures:


Page 1

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF FORMATION

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Trenton, New Jersey, this 12th day of November, 2009.



R. David Romanos
State Treasurer

Certification # 1197J0825
Filed for certification
11/12/2009 10:03:57 AM
11/12/2009 10:03:57 AM

Page 2

CERTIFICATE OF FORMATION

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/11/2006 and was assigned identification number 0100014312. Following are the articles that constitute its original certificate.

1. Name:
2. The Registered Agent:
3. The Registered Office:
5. Members/Managers:
6. The Main Business Address:

Signatures:

Continued on next page ...

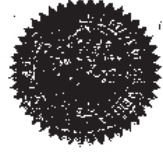
Page 1

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Trenton, New Jersey, this 12/12/2006.



John A. McCormac, CPA
Treasurer of the State of New Jersey

Page 2

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs.
 For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

REGISTRATION OF ALTERNATE NAME

CERTIFICATE OF AUTHORITY

Sample #8

STATE OF NEW JERSEY
 DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

FILED
 SEP 28 2009
 STATE TREASURER

Check Appropriate Entity:
 The 44-25.1(a) New Jersey Business Corporation Act
 Title 17:26-4 Limited Liability Company
 Title 17:27-2.1 New Jersey Nonprofit Corporation Act
 Title 17:28-6.1 Limited Partnership

1. Current Corporate/LLC/Partnership No. [redacted]
 2. NJ ID #: [redacted]
 3. Set forth name of legal incorporation from which [redacted]
 4. Date of incorporation/partnership [redacted]
 5. Address Name to be used [redacted]
 6. Sole proprietor or activity to be conducted using the Alternate Name [redacted]
 7. An Alternate Name to Use for Alternate Name in Jan State [redacted]
 8. The business has not previously and has not become a limited liability company or partnership in any other state or jurisdiction within the period of five (5) years, and for that purpose is not a limited liability company.

Signature of Applicant:
 For Title 17:26-4 Limited Liability Company: [redacted]
 For Title 17:27-2.1 Nonprofit Corporation: [redacted]
 For Title 17:28-6.1 Limited Partnership: [redacted]

Signature of Authorized Representative:
 Title: [redacted]
 Address: [redacted]

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

Sample #9


NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF AUTHORITY

THE ABOVE-NAMED PERSON OR PERSONS REPRESENTATION WAS FILED IN accordance with New Jersey State Law 2008-150 and was assigned identification number 14311115. This filing and the certificate shall constitute its original certification.

1. Name: [redacted]
 2. Registered Agent: [redacted]
 3. Registered Office: [redacted]
 4. Business Purpose: [redacted]
 5. Incorporated Under the Laws of: [redacted]
 6. Main Business Address: [redacted]

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
 STATE TREASURER



CERTIFICATE OF LIABILITY INSURANCE

Sample #10

ACORD CERTIFICATE OF LIABILITY INSURANCE

PROVIDER: (Complete) Agent's Name, Business address and telephone number.
 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE: [redacted] NAIC # [redacted]

INSURED: (Complete) Insured's Name, Business Name(s), Street Address and application or license number if applicable.

COVERAGES:

COVERAGE	TYPE OF COVERAGE	POLICY NUMBER	PERIOD OF INSURANCE	LIMITS
GENERAL LIABILITY	<input checked="" type="checkbox"/> OCCASIONAL/INFREQUENT OCCASION	(Complete)	(Complete)	Each Occurrence \$ 50,000
	<input type="checkbox"/> COMMERCE			Aggregate Annual \$ 50,000
	<input type="checkbox"/> CONTRACT			Each Occurrence \$ 50,000
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS			Aggregate Annual \$ 50,000
SOIL REMEDIATION LIABILITY	<input checked="" type="checkbox"/> POLLUTANT RELEASE	(Complete)	(Complete)	Each Occurrence \$ 1,000,000
	<input type="checkbox"/> POLLUTANT RELEASE			Aggregate Annual \$ 2,000,000
	<input type="checkbox"/> POLLUTANT RELEASE			Aggregate Annual \$ 1,000,000
	<input type="checkbox"/> POLLUTANT RELEASE			Aggregate Annual \$ 1,000,000
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO	(Complete)	(Complete)	Combined Single Limit \$ [redacted]
	<input checked="" type="checkbox"/> ALL OTHER AUTOS			Each Occurrence \$ [redacted]
	<input checked="" type="checkbox"/> OWNERS/OPERATORS			Each Occurrence \$ [redacted]
	<input checked="" type="checkbox"/> HIRING CONTRACTORS			Each Occurrence \$ [redacted]
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO	(Complete)	(Complete)	Combined Single Limit \$ [redacted]
	<input checked="" type="checkbox"/> OWNERS/OPERATORS			Each Occurrence \$ [redacted]
AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> OCCUR	(Complete)	(Complete)	Combined Single Limit \$ [redacted]
	<input type="checkbox"/> COMBINED			Each Occurrence \$ [redacted]
UMBRELLA/EXCESS LIABILITY	<input type="checkbox"/> PERSONAL & DOMESTIC	(Complete)	(Complete)	Each Occurrence \$ [redacted]
	<input type="checkbox"/> BUSINESS			Each Occurrence \$ [redacted]
TRANSPORTATION LIABILITY	<input type="checkbox"/> TRUCKS	(Complete)	(Complete)	Each Occurrence \$ [redacted]
	<input type="checkbox"/> TRUCKS			Each Occurrence \$ [redacted]

DATE OF OPERATION/LOCATIONS TO WHICH EXCLUSIONS ARE APPLIED (SEE POLICY): [redacted]

CERTIFICATE HOLDER: New Jersey Office of the Attorney General, Division of Consumer Affairs, Office of Consumer Protection, Registered Business Services - Altiz Home Improv, Unit 104 Halsey Street, Newark, NJ 07102.

CANCELLATION: IF ANY OF THE ABOVE DESCRIBED POLICIES IS CANCELLED BEHIND THE DEDUCTIBLE DATE THEREOF, THE POLICY NUMBER WILL CHANGE TO THAT OF THE POLICY NUMBER TO BE CANCELLED OR LIABILITIES OF ANY KIND UPON THE INSURED, BE AGREED OR REPRESENTED BY THE AUTHORIZED REPRESENTATIVE.

ACORD 25 (08/10)

General Information for Conducting Business in New Jersey

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| 1. Tax Information | (609) 292-1730 |
| State Register with Division of Revenue | (973) 648-6190 |
| Federal: Internal Revenue Service Employer Insurance | (800) 829-1040 |
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| 2. Employer Insurance | |
| Unemployment Insurance Department of Labor | (609) 292-0695 |
| Worker's Compensation Insurance | |
| Division of Worker's Compensation | (609) 292-2516 |
| 3. To Register Trade Name: Contact Your Local County Clerk | |
| 4. Incorporation and Limited Liability Corporations | |
| Division of Commercial Recording | (609) 292-9292 |
| 5. Municipality and County: Contact the Clerk Office in the Municipality in which the Business is located to determine if there are any Local Regulations to which the Business must conform. | |
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Additional Requirements for Out-of-State Firms

- 1. Corporation and Limited Partnerships:**
It is Necessary to Obtain a Certificate of Authority to do Business in New Jersey.
Please Contact the Division of Commercial Recording,
NJ Department of State. (See #4 above)
- 2. General Partnership and Sole Proprietorships:**
It is Necessary to Obtain a Trade Name Certificate from the County
where the Business will be conducted.

SURETY BOND

STATE OF _____

COUNTY/CITY OF _____

Bond required by N.J.S.A. 56:8-1.1(c)

KNOW ALL PEOPLE BY THIS DOCUMENT:

THAT _____
(Name of Owner)

As principal, with principal office and place of business located at

(Name of Surety Company)

and operating a temporary help service firm and _____ a
(State of Incorporation)

corporation authorized or admitted to do business in New Jersey, are held and firmly bound into the State of New Jersey, for the use and benefit of all persona establishing legal rights hereunder, in the amount of One Thousand Dollars, \$1,000 to the payment of which we hereby bind ourselves, our heirs, administrators, executors, successors and assigns firmly by this document.

WHEREAS, the aforesaid principal has filed a notification with the Attorney General of the State of New Jersey for a Temporary Help Service Firm registration authorizing the person to whom it is issued to operate a Temporary Help Service Firm and perform the functions for which the principal is registered in conformity with an act of the legislature of the State of New Jersey and whereas N.J.S.A. 56:8-1.1 requires these principals to be registered with the Division of Consumer Affairs, and to deposit a bond in the amount of One Thousand dollars.

NOW, THEREFORE, the condition of this obligation is such that if the above named principal shall faithfully and truly fulfill all of its service or product contracts, and not file for bankruptcy or for similar protection under law, then this obligation shall be void; otherwise, it remains in full force and effect as security for the use of any person who, after entering into a service or product contract, with the above-named principal, is damaged or suffers any loss by reason of breach of contract or bankruptcy by this principal.

This bond shall become effective on the ____ day of _____ 20 __ , at twelve and one minute o'clock A.M., Eastern Time, and continue in effect until the Surety withdraws from this bond by giving 60 days advance written notice by registered mail to the Chief, Regulated Business Section, P.O. Box 45028, Newark, NJ 07101. The 60 days shall begin to run on the day following the Chief's receipt of the notice.

In order to draw funds on this bond, the Director of the Division of Consumer Affairs shall present the following document to the Surety:

AFFIDAVIT SWORN TO AND SIGNED BY THE DIRECTOR OF THE DIVISION OF CONSUMER AFFAIRS OR THE STATE OF NEW JERSEY, STATING THAT

(Principal)

HAS NOT SATISFACTORILY PERFORMED ITS OBLIGATIONS TO A PERSON WHO, AFTER ENTERING INTO A SERVICE OF PRODUCT CONTRACT, HAS BEEN DAMAGED OR SUFFERED A LOSS BY REASON OF VIOLATION OF N.J.S.A. 56:8-1.1 BREACH OF CONTRACT, SUBJECT TO THE PROVISIONS OF N.J.S.A. 56:8-1.1

In no event shall the aggregate liability of the surety for all claims under this bond exceed the amount of this bond. Signed, sealed and dated this ____ day of _____, 20 ____

Principal (Seal)

Surety (Seal)

Address of Surety

By: _____
(Principal Signature)

Signed and acknowledged by Surety's agent before me this ____ day of _____, 20 ____

My commission expires _____

Notary Public

Note: This bond form is furnished to you only for your convenience and Information.

The form may be changed provided that:

- 1) The purpose remains to provide security for the use of any person who, after entering into a contract, is damaged or suffers any loss by reason of violation of N.J.S.A. 56:8-1.1, breach of contract;
- 2) It is executed to the State of New Jersey;
- 3) It is for the amount required bylaw (\$1,000); and
- 4) It provides for sixty days advance notice to the chief, Regulate Business Section if the surety withdraws from this bond.

Information for the Preparation and the Execution of this Bond

- A The legal name of principal on the bond should be fully and correctly stated and should precisely agree with name of applicant on this certificate of trade or articles of incorporation. (Any material variation may delay acceptance of bond.)
- B. The name in which business is conducted should follow the name or names of the principal where the applicant does business under a fictitious name.

Examples:

Individual operating in own name: "John Doe"

Individual operating in another name:
"John Doe d/b/a Temporary Personnel Service"

Partners operating in another name:

"John Doe, Mary Doe, and Richard Doe d/b/a Temporary Personnel Service"

Corporation operating in own name:
"Temporary Personnel Service, Inc."

Corporation operating in another name:
"Personnel Service, Inc d/b/a Temp Employment Personnel"

- C. A separate bond must be filed with the Chief, Regulated Business Section for each location requesting a registration.

Execution by Principal

If the principal of this bond is:

- A. An individual: this bond must be signed by the individual.
- B. A partnership: this bond must be executed in the name of the partnership, and must be signed by at least one of the partners.
- C. A corporation: this bond must be executed in the name of the corporation, by its President or Vice President, with impression of corporate seal affixed, and attested by Secretary or Assistant Secretary of the corporation.

Execution of Surety

- A This bond must be executed by a properly authorized person, whose title should be shown, with impression of the corporate seal of the surety affixed: and
- B. Attach original or certified copy of Power of Attorney authorizing said execution.

Submit all Original Documents to:

New Jersey Office of the Attorney General
Division of Consumer Affairs
Regulated Business Section
P.O. Box 45028
Newark, NJ 07101