

## New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection

Regulated Business Section - Home Improvement Contractor Business Unit 124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



# **Instructions for Registration as a Home Improvement Contractor Business**

Please type or print clearly, in ink, the answers to all of the questions. Your application will not be processed until the completed application, the required documents, and a check or money order for the non-refundable registration fee in the amount of \$110, have been received by the Division. If a question does not apply to your business, write "N/A."

- 1. List the name of your business. This will be the name that appears on your registration.

  If you are doing business under your own name, list your full legal name. For example, "John Doe." If you are doing business under a fictitious name, print your business name as it is listed on your Trade Name Certificate. For example, write "John Doe's Painting & Carpentry."
- 2. Provide a copy of your Alternate Name Form C-150G or Trade Name Certificate. If you do not use any other names, write "N/A."
- 3. Provide proof that you have secured and maintain a policy of commercial general liability insurance, in a minimum amount of \$500,000 for each occurrence, and workers' compensation insurance, unless exempted by law. Acceptable proof must include a policy number, the date of issuance, the effective date, the expiration date, and signature of an authorized representative. The insured name and address must match the information in the application. Refer to the enclosed Sample #10. If claiming an exemption to the workers' compensation insurance requirement, you must provide documentation supporting that claim.
- 4. Provide proof that you have secured and maintain "additional security," which must be in the form: 1) a compliance bond issued by one or more sureties authorized to transact business in this State; 2) an irrevocable letter of credit issued by a bank; or 3) securities, moneys, or other security. If your additional security is in the form of a bank check, the check must be mailed with the application.
- 5. If you are a sole proprietor and answer "Yes" to question 7 (see page 2 of application), the business' registration application will be denied until you submit a certification from the court or the Probation Division that the conditions that resulted in the denial have been satisfied.
- 6. FEIN If you are not sure whether your business requires a Federal Employer Identification Number (FEIN), call 609-292-9292 or call 1-800-829-4933. If you do not have a FEIN, you may obtain one online at <a href="https://www.irs.gov">www.irs.gov</a>.
- 7. A principal officer of the business must certify that all information provided in connection with the application is true, and sign and date the application.

Please allow time for your application to be processed, and for the business' registration to be printed and mailed.



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## Home Improvement Contractor Business Application for Initial Registration

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, **in ink** and 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." **Refer to: Instructions for Registration as an HICB.** 

1.		siness Name e name must match the na	me listed on the corporate documents and	the insurance certificate.		
	<b>3</b>	2(b). <b>IF YOU DO NO</b> '	ER NAMES UNDER WHICH THE AP T USE ANY OTHER NAME(S), WRITE LEFT BLANK, IT WILL AUTOMATION	E "NONE." IF THE ANS	WER TO THIS	
2(c	). In	dicate the type of business	s you own.			
		Sole Proprietorship:	Attach a copy of the business' Trade Name Certificate,	if applicable. Refer to Sample #1.	Contact your local county	
		Partnership:	Attach a copy of the business' documents.		clerk's office to obtain a Trade Name Certificate.	
		Corporation:	Attach a copy of the business' Certificate of Incorporat	ion. Refer to Samples #2 - 5.		
		Limited Liability Co.:	Attach a copy of the business' Certificate of Formation	. Refer to Samples #2 and #5 - 7.	Contact the N.J. Department of the Treasury, Division	
		Limited Liability Partnership:	Attach a copy of the business' documents.	of Revenue, at (609) 292-9292 if the business is a corporation		
	Add	itional Requirements			in the cusiness is a corporation.	
		Out-of-State Corporation:  Attach a copy of the business' New Jersey Certificate of Authority (corporation), Certificate of Registration (LLC), or New Jersey Business Registration for			Refer to the samples.	
		Alternate Name:	Out-of-State Sole Proprietor. Refer to Samples #9 and Attach a copy of the business' Registration of Alter		o Sample #8.	
3.	Bus	iness Address (Cannot be a P.	O. box or private mailbox; it must be a physical street address.)	E-mail Address		
	Cit	V		State	ZIP Code	
	Tel	ephone No.		Fax No.		
	(include area code)		(include area code)			
4.	Ma	iling Address If the addr	ress is the same as in question #3, write "N	[/A."		
5.	_		orporation (L.L.C., L.L.P., etc.), you must procuments on its behalf for the service of proc		f an agent in New Jersey	
	Age	ent's Name				
	Stre	eet Address				
	Cit	y		State: New Jersey	ZIP Code	
		ephone No.		Fax No.	•	
	(inc	clude area code)		(include area code)		

6(a).	Does the business have a certificate commercial general liability insurance of at least \$500,000 for each occurrence?	☐ Yes	□ No
	You must attach your insurance certificate, or your application will not be processed. Refer to the enclosed insurance Sample #10.		
6(b).	Does the business have a certificate of workers' compensation insurance, unless exempted by law?  You must attach your insurance certificate or documentation supporting your claim for an exemption, or your application will not be processed.  Refer to the enclosed insurance Sample #10.	Yes	No
6(c).	Does the business maintain "additional security," pursuant to N.J.S.A. 56:8-142, which must be in the form of: 1) a compliance bond issued by one or more sureties authorized to transact business in this State; 2) an irrevocable letter of credit issued by a bank; or 3) securities, moneys, or other security?	Yes	No
	You must attach proof of the additional security or provide a bank check, if applicable, or your application will not be processed.		
Con	aplete question 7 only if the business is run by a sole proprietor.		
7.	Is the sole proprietor the subject of a child-support warrant or has the applicant 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? If "Yes," see the instructions.	☐ Yes	□ No
Provi	de the business' Federal Employer Identification Number <b>and</b> provide <b>your</b> Social Security	number.	
8(a)	. Federal Employer Identification Number (FEIN)	□ - □	
8(b)	. Social Security number	- 🗆 🗆	
	*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e		•
	Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 <u>C.F.R.</u> 60.7,60.8 a		
	Protection is required to obtain your Social Security number. Pursuant to these authorities, the	e Office of Cons	umer Protection
	is also obligated to provide your Social Security number to:		
	a. the Director of Taxation to assist in the administration and enforcement of any tax la	w, including for	the purpose of
	reviewing compliance with State tax law and updating and correcting tax records; and		
	b. the Probation Division or any other agency responsible for child-support enforcement, up	oon request.	

9. 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.) You must indicate Percentage of Ownership Please print clearly. Name and title ZIP code Business street address City State Home street address City ZIP code State 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)

more in the b	0(a). Is any officer, director, principal or person with an ownership interest of 10 percent or more in the business the holder of any professional or occupational license, certificate or registration issued by any state or jurisdiction? If "Yes," provide the following information:					□ No
Holder's Name issued the Lie		the agency that cense, Certificate gistration  Type of License, Certificate or Registration		License, Certificate or Registration Number		Date Issued
· · ·	_	inst this license, certifupporting documentati	ficate or registration? on and the outcome of the action.		☐ Yes	□ No
11. Have any of t business:	he business' office	cers, directors, principa	als or persons with an ownership	interest	of 10 percent or	more in the
B. Entered into any consent order or assurance of voluntary compliance with the New					□ No □ No	
(ii.) En fal (iii.) Er (iv.) Er ma (v.) Er	ise promise or fal- ngaging in gross of ngaging in acts of aking a home im- ngaging in profes	or employment of distance pretense?  negligence, gross malpfinegligence, malpraction provement?  sional or occupational				□ N-
		fraud or deceptive busing part of question numbers.	per 11, please provide the following	ng:	☐ Yes	□ No
Name of applicant person(s) or busing whom action w	t, partner(s), ness against	Date of Action	Name and address of the government agency that to action against the individu (applicant, partner, etc.)	e ok ial	Type of Ac	tion Taken
purposes of this parag or admission that the business engaged in a whether that finding	listed above, pleat graph, a judgmen business, or any an unlawful pract was made in the registration, con	t of liability in an admi of its officers, director tice or practices related context of an injuncti	of all final orders and/or judgme inistrative or civil action shall includes, principals or persons with an of the to any of the named situations Company a proceeding resulting in the ance of voluntary compliance or	lude, bu wnersh (i) thro denial,	it not be limited ip of 10 percent ugh C(vi) above suspension or r	to, any finding or more in the c, regardless of evocation of a

## DISCLOSURE STATEMENT

(Check either the "Yes" or "No" box below.)

Has the applicant or any of its officers, directors, principals or persons with an ownership of 10 percent or more in the applicant been convicted of a crime that has a direct and substantial relationship to making or selling home improvements, or is of a nature such that registration of the business would be inconsistent with the public's health, safety or welfare, or any crime in violation to selling or making home improvements or any crime in violation of any of the following provisions of the "New Jersey Code of Criminal Justice," Title 2C of the New Jersey Statutes, or the equivalent under the laws of any other jurisdiction?

- 1. Any crime of the first degree;
- 2. Any crime which is a second- or third-degree crime and is a violation of chapter 20 or 21 of Title 2C of the New Jersey Statutes; or
- 3. Any other crime which is a violation of N.J.S.A. 2C:5-1 (criminal attempt), 2C:5-2 (conspiracy), 2C:11-2 (criminal homicide), 2C:11-3 (murder), 2C:11-4 (manslaughter), 2C:12-1 (assault), 2C:12-3 (terroristic threats), 2C:13-1 (kidnapping), 2C:14-2 (sexual assault), 2C:15-1 (robbery), subsection a. or b. of 2C:17-1 (arson and related offenses), subsection a. or b. of 2C:17-2 (causing or risking widespread injury or damage), 2C:18-2 (burglary), 2C:20-4 (theft by deception), 2C:20-5 (theft by extortion), 2C:20-7 (receiving stolen property), 2C:20-9 (theft by failure to make required disposition of property received), 2C:21-2 (criminal simulation), 2C:21-2.1 (fraud relating to driver's license or other document issued by government agency to verify identity or age; simulation), 2C:21-2.3 (fraud relating to motor vehicle insurance identification card; production or sale), 2C:21-3 (frauds relating to public records and recordable instruments), 2C:21-4 (falsifying or tampering with records), 2C:21-6 (frauds relating to credit cards), 2C:21-7 (deceptive business practices) 2C:21-12 (defrauding secured creditors), 2C:21-14 (receiving deposits in a failing financial institution), 2C:21-15 (misapplication of entrusted property and property of government or financial institution), 2C:21-19 (wrongful credit practices and related offenses), 2C:27-2 (bribery in official and political matters), 2C:27-3 (threats and other improper influence in official and political matters), 2C:27-5 (retaliation for past official action), 2C:27-9 (public servant transacting business with certain persons), 2C:27-10 (acceptance or receipt of unlawful benefit by public servant for official behavior), 2C:27-11 (offer of unlawful benefit to public servant for official behavior), 2C:27-12 (corruption of public resources), 2C:28-1 (perjury), 2C:28-2 (false swearing), 2C:28-3 (unsworn falsification to authorities), 2C:28-4 (false reports to law enforcement officials), 2C:28-5 (tampering with witnesses and informants; retaliation against them), 2C:28-6 (tampering with or fabricating physical evidence), 2C:28-7 (tampering with public records or information), 2C:28-8 (impersonating a public servant or law enforcement officer), 2C:30-2 (official misconduct), 2C:30-3 (speculating or wagering on official action or 2C:35-5 (manufacturing, distributing or dispensing a controlled dangerous substance), 2C:35-10 (possession, use or being under the influence or failure to make lawful disposition of a controlled dangerous substance), 2C:37-2 (promoting gambling), 2C:37-3 (possession of gambling records), 2C:37-4 (maintenance of gambling resort).

If "Yes," please provide the following:				☐ Yes	□ No
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	

#### For each conviction, attach the following:

- 1. Judgment of conviction.
- 2. Sentencing order.
- 3. Presentencing report.
- 4. Letter confirming probation and/or parole status.
- 5. Documents showing clear and convincing evidence of rehabilitation, including letters or references from members of your community who are not related to you by blood or marriage, and who can attest to your character.
- 6. Certificate of Rehabilitation pursuant to N.J.S.A. 2A:168A-7 to -16.

### **CERTIFICATION**

I, as a principal officer of the business, understand that this application for registration will be accepted and the registration issued only if the requirements of the Consumer Fraud Act ("Act"), N.J.S.A. 56:8-137 to N.J.S.A. 56:8-152, and the regulations promulgated under the Act have been met.

I certify that the business and each of its officers, directors, principals and persons with an ownership of 10 percent or more in the applicant are capable of discharging the functions of a registrant in a manner consistent with the public's health, safety and welfare.

I certify that all of the information provided in connection with this application is true to the best of my information, 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 of Consumer Affairs ("the Division").

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Division.

1 =
Business name (must match answer to Question 1 of application
Your name (please print clearly)
Your signature
Your title
Date

You must complete all five lines below.

If your commercial general liability insurance policy or workers' compensation insurance policy insurance is canceled or not renewed at any time during the renewal cycle, you must file a copy of your new or replacement Certificate of Commercial General Liability Insurance or Certificate of Workers' Compensation Insurance with the Division no later than 10 days following the cancellation or nonrenewal of the former policy. If there is a change or amendment to the additional security required pursuant to N.J.S.A. 56:8-142(e) or any other information in your original or previous renewal application, you must amend your registration within 20 days of the change or addition. Failure to do so may result in action being taken against your registration.

Please submit a nonrefundable check or money order in the amount of \$110 made payable to the N.J. Division of Consumer Affairs, along with the following documents, to the address below:

- (1) Completed Application (pages 1-4), Disclosure Statement (page 5), Certification (page 6).
- (2) The corporate document(s) or formation documents.
- (3) Proof of insurance policies and additional security required by question no. 6(a)-6(c).
- (4) If applicable, the documents required by question nos. 7, 10(b) and 11(a).

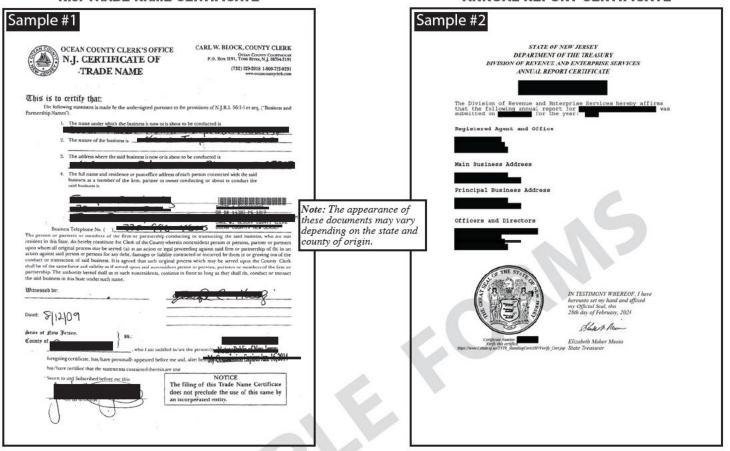
State of New Jersey
Division of Consumer Affairs
Regulated Business Section - Home Improvement Contractor Business Unit
124 Halsey Street, 7th Floor
P.O. Box 46016
Newark, N.J. 07101

If you need a duplicate or replacement registration, the fee is \$20 each. Make the check payable to the New Jersey Division of Consumer Affairs.

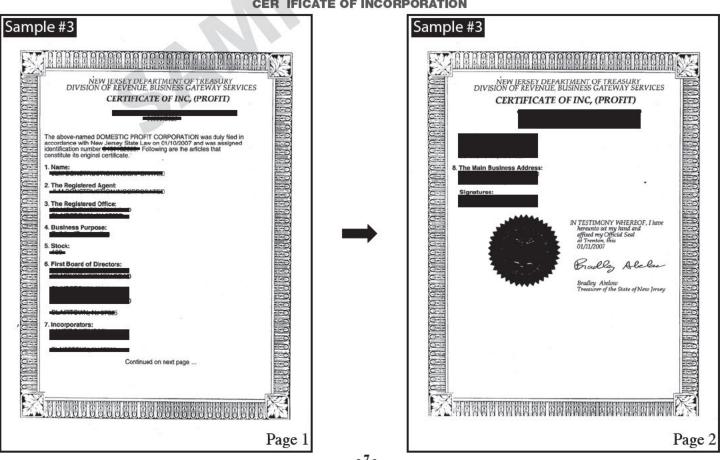
For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs. For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office. For information on documentation issued by another state or jurisdiction, contact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

#### **N.J. TRADE NAME CERTIFICATE**

#### **ANNUAL REPORT CERTIFICATE**

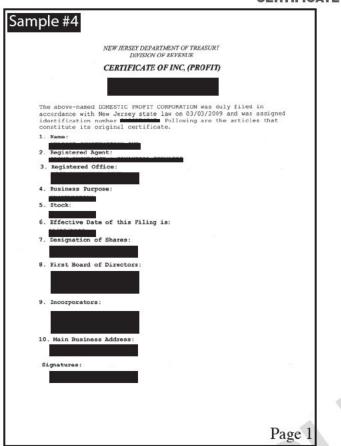


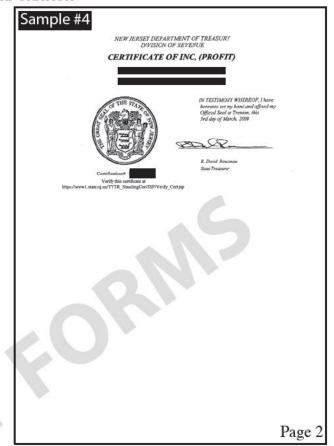
#### CER IFICATE OF INCORPORATION



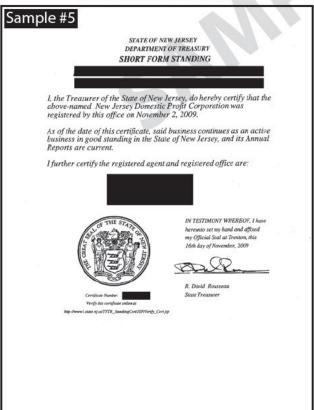
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#### CERTIFICATE OF INCORPORATION





#### SHORT FORM STANDING



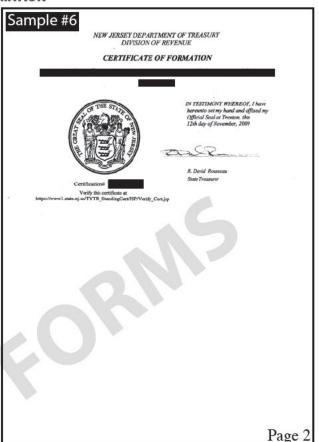
**Note:** Sole Proprietor and Partnership documents are issued by your local county clerk's office.

Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.

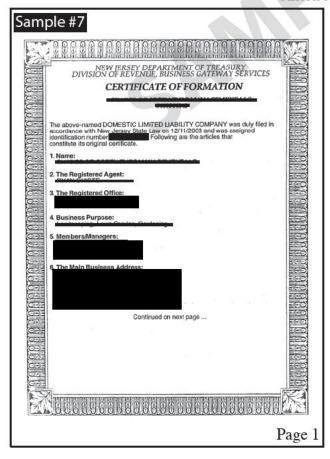
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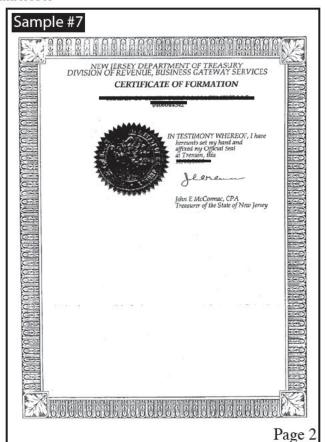
#### **CERTIFICATE OF FORMATION**





#### CERTIFICATE OF FORMATION



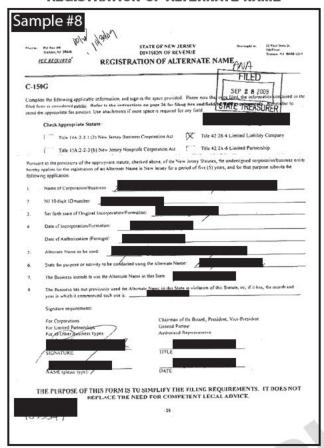


For information on documentation issued by the State of New Jersey call **609-292-9292** or visit **www.state.nj.us/njbgs**.

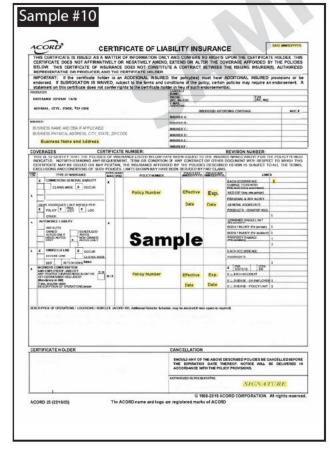
For information on a **Trade Name Certificate** issued in New Jersey contact your local county clerk's office.

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**



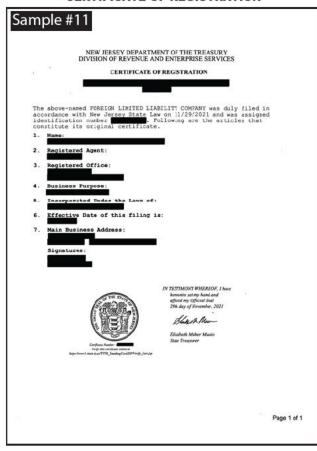
#### CERTIFICATE OF COMMERCIAL GENERAL LIAB LITY AND WORKERS' COMPENSATION INSU ANC



#### **CERTIFICATE OF AUTHORITY**



#### CERTIFICATE OF REGISTRATION



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).

#### **BUSINESS REGISTRATION CERTIFICATE**

