

**TOWN OF SECAUCUS
PUBLIC NOTICE
FOR THE REQUEST FOR PROPOSALS FOR CONCESSIONAIRE/TOWN
CONCESSION STAND AT THE SECAUCUS SWIM CLUB**

PLEASE TAKE NOTICE that the Town of Secaucus requests submission of Proposals from qualified concessionaires to operate the Town's concession stand located at the Secaucus Swim Club for the 2026 Season, with an option of 2027. Said Proposals must be received no later than April 9, 2026 @ 11:00am, addressed to the Town Clerk, 1203 Paterson Plank Road, Secaucus, NJ 07094

Proposal documents may be examined and obtained online at www.Secaucusnj.gov or at the Office of Purchasing, 1203 Paterson Plank Road, 3rd Floor, Secaucus, New Jersey 07094, phone 201-330-2026, during business hours, 9:00 a.m. until 4:00 p.m.

All Respondents are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. (P.L. 1975, c. 127 as amended) N.J.S.A. 52:32-44, and N.J.A.C. 17:27-1.1 et seq. and all terms herein.

The Town reserves the right to waive any technical non-conformance or minor irregularities herein, as well as the option to reject any or all proposals.

By order of the Town of Secaucus.

Michael Marra
Town Clerk

SPECIFICATIONS COVERING THE EXCLUSIVE RIGHT TO SELL ICE CREAM, BEVERAGES AND FOOD PRODUCTS WITHIN THE SECAUCUS MUNICIPAL SWIM CLUB DURING THE HOURS SPECIFIED.

1. Size of Concession Stand: 18' x 21'
Size of Eating Pavilion: 75' x 40'

2. EQUIPMENT:
List of installations at the site are indicated below.
Ice Maker
Under Counter Refrigerator
Dual Deep Fryer---Electric
Large Grill---Electric
Two Low Boy Refrigerators
Four Stainless Steel Tables

Concessionaire will provide cooking utensils, service items and other necessary products. Additional cooking, refrigeration or service equipment may be installed only with the written consent of the Town Administrator. All Respondents are welcome to inspect said installations and equipment by making an appointment with the Swim Club Manager. To set up an appointment, concessionaires should call the Town Administrator at the Municipal Government Center. Concessionaire shall be responsible to maintain the equipment in working order, making any necessary repairs at Concessionaire's expense, and the equipment shall remain at the site following the expiration of this agreement and be in the same condition as at the commencement of the term, subject to normal wear and tear. If any equipment becomes non-operational and is not repairable, the Concessionaire may, with the approval of the Town, replace the equipment with similar equipment. The replacement equipment shall remain the property of the Concessionaire at the conclusion of the term of this agreement.

3. DAYS AND HOURS OF OPERATION FOR SWIM CLUB CONCESSION SERVICES:

For 2026 Season:

Weekends and holidays, from Memorial Day Weekend May 23, 2026 to Father's Day June 21, 2026, and

Daily from June 22, 2026 through Labor Day, September 7, 2026.

Weekday Hours: 12:00pm-8:00pm

Weekend and Holiday Hours: 10:00am-8:00pm

Option Year 2 at sole discretion of the Town; If the contract is extended:

Anticipated dates for 2027 Season, subject to revision before renewal of contract:

Weekends and holidays, from Memorial Day Weekend May 31, 2027 to Father's Day June 20, 2027, and

Daily from late June (exact date to be provided) to Labor Day, September 6, 2027.

Weekday Hours: 12:00pm-8:00pm

Weekend and Holiday Hours: 10:00am-8:00pm

4. HOURS OF OPERATION FOR SWIM CLUB CONCESSION SERVICES:

The Concessionaire agrees to operate the concession stand during the hours set forth in these specifications. The concession must be open every day, regardless of weather, unless the Swim Club is officially closed by the Swim Club Manager or their designee. The concession shall open and be prepared for food service at the scheduled opening time of the Swim Club and shall remain open until one (1) hour prior to the scheduled Swim Club closing time. Days and hours of operation of the Swim Club will be determined exclusively by the Town. The Concessionaire shall have no recourse for days the Swim Club is closed due to weather.

Failure to operate as required, unless for extraordinary circumstances, shall be deemed a failure to perform under the terms of this contract and may result in termination of the contract, at the sole discretion of the Town.

5. The Concessionaire shall obtain all required licenses and pay all fees in connection with the operation of the enterprise. The Concessionaire shall obtain all permits required by law to operate such concession, including but not limited to, permits required for any equipment owned by the Town or the Concessionaire, Board of Health inspections, fire inspections of the premises and any inspections for machinery, sprinklers, smoke detectors, etc.

6. The Town, its agents, employees or other representatives, shall have the right to enter the Concession Stand, or any part or parts thereof, at all reasonable hours, for the purpose of examining and making repairs and/or alterations necessary for the safety and preservation of the Concession Stand. This provision shall not be construed as an obligation of the Town to do any inspections, alterations or repairs.

7. The Town will not sign for any deliveries made to the Concessionaire, and will not assume responsibility for deliveries made to the Concession Stand.

8. The Concessionaire is required to supply all employees necessary for the management, preparation, sale and distribution of food and drink. The Concessionaire shall employ a manager who shall be at said concession at all hours of its operation, including during set up and clean up. The concession manager must be 18 years of age or older. All employees of the Concessionaire shall be listed with the Swim Club Manager, and are subject to Swim Club rules and policies. Employees, unless Swim Club members, shall not have Swim Club privileges.

9. The payment of the proposed sum to operate the facility as specified in the Request for Proposal shall be paid to the Town Finance Department within fifteen (15) days of receipt of notice that Concessionaire's proposal has been accepted.

If the successful Concessionaire shall fail to pay said sum to operate the facility as specified in the Request for Proposals and these specifications, the Town may, without further notice to Concessionaire, declare breach of contract, and award the contract to the next higher scorer or solicit for new proposals. The Town shall be under no further obligation with respect to said concessionaire.

10. The Concessionaire agrees to indemnify and save harmless the Town of and from any and all liability for damages for injury to persons and property including death, and against and from

all suits and actions and all costs, damages, and charges of whatsoever kind and nature, including attorney's fees, to which the Town may be put for or on account of any injury or alleged injury to persons, including death, or property resulting from the performance of the Concessionaire's operations under this agreement, whether such operations be by the Concessionaire or anyone directly or indirectly employed by the Concessionaire.

11. The successful Concessionaire shall carry General Liability insurance in the minimum amount of \$1,000,000.00 per occurrence, which policy shall insure the Concessionaire and the Town of Secaucus. Such policy shall name the Town of Secaucus as an "additional insured." The insurance shall remain in full force and effect from the time the Concessionaire takes possession of the Concession Stand through the end of the applicable season. The Concessionaire shall also carry appropriate Worker's Compensation coverage. The format of such insurance shall be acceptable to the Town's Joint Insurance Fund.

12. The Concessionaire shall insure its personal equipment, machines, food, etc. against loss or damage, and the Town shall not be liable to the Concessionaire for any loss or damage without an express showing of negligence by the Town.

13. The Concessionaire and/or the Concessionaire's employees may not use the Town's private telephones. The Concessionaire may have a private telephone installed at the Concession Stand at their sole cost and expense, with the consent of the Town Administrator. The Concessionaire will pay all deposits and charges in connection with such installation and use thereof. The telephone line and account shall be removed at the conclusion of the season.

14. The Concessionaire shall be responsible for the proper use of all utilities. The Concessionaire is advised to familiarize himself/herself with the equipment used in the concession stand in order to conserve all utility usage in the interest of the environment, conservation and safety. The Concessionaire shall permit the Town to use electrical power from the food concession building at sources needed for a minimum of ten (10) sessions of approximately five hours each for special event (i.e. Kids nights, Fourth of July event, etc.). The Town shall not be liable for any power failures, shortages or disruption in utility services for any reason.

15. The Mayor and Council may review the Concessionaire's proposed menu and make recommendations to Concessionaire prior to an award in order to effectuate a menu and price schedule in the best interest of the Swim Club.

16. The Concessionaire shall be responsible for maintaining the cleanliness and sanitation of the premises and equipment. The Concessionaire shall maintain and clean all fryers on a regular basis, including but not limited to, routine oil changing and disposal. All grease, oil and substances in all fryers and storage containers shall be completely cleaned and properly disposed of at the end of the season. The Concessionaire shall supply all maintenance materials including, but not limited to, soaps, cleansers, and cleaning supplies that will be used for the concession stand. Concessionaire may not use Town maintenance materials under any circumstances for said concession stand.

17. The Concessionaire shall be responsible for the cleanliness of both the concession stand building and the entire pavilion eating area. It is understood that any Swim Club member, guest,

employee of the Town, etc. may use the pavilion eating area, even if such persons are not patrons of the concession, and the responsibility to clean and maintain the same rests with the Concessionaire. The food service area shall be maintained in accordance with applicable Board of Health ordinance and codes. The Swim Club Manager shall inspect the concession stand building and eating pavilion area at any time to assure that said areas are clean according to the rules for cleanliness promulgated by him/her in accordance with these specifications. All trash and other debris shall be disposed of as per the instructions of the Swim Club management. The pavilion eating area shall be thoroughly washed down by the Concessionaire at the close of each day the facility is open. The Swim Club shall empty promptly all trash baskets in the pavilion as same become full, The Concessionaire shall also patrol the pavilion area as necessary to remove debris from tables and flooring, provided, however, that the Swim Club management shall instruct residents to clear tables of debris following their use of same.

18. The lessee shall at the end of the season thoroughly clean all equipment and leave same in a clean condition. The lessee shall arrange an inspection of the site with the Buildings and Ground Superintendent and with the Swim Club Manager to assess site conditions. The Concessionaire shall be responsible for paying all damages it may cause during its operation.

In the event that the Town is required to clean said premises, repair damages or equipment or satisfy any other obligation hereunder, the Concessionaire shall be liable therefore to such full amount.

19. The Concessionaire shall recognize that this facility is Town-owned property, therefore, the Concessionaire shall not use the concession facility or permit use of same by his employees or other authorized personnel, for any political purpose whatsoever. This provision shall include, but not be limited to, the use of signs, buttons, balloons, clothing or other materials which shall denote political preference.

20. The successful Concessionaire shall not conduct any other business from such concession, including but not limited to, arcade/video type games.

21. REQUIRED DOCUMENTS:

- W9
- NJ Business Registration
- Certificate of Employee Information Report

22. METHOD OF AWARD: The contract will be awarded to the responsible and responsive proposer with the highest financial offer, in accordance with this solicitation.

23. MINIMUM PROPOSAL SUM: Proposals will be accepted for a minimum payment of Five Hundred Dollars (\$500.00) per season for the right to operate the Concession Stand at the Secaucus Swim Club.

Exceptions and Deviations: The undersigned shall fully describe every variance, exception and/or deviation. Additional sheets may be used if required.

Witness:

Signature

By:

Respondent Signature

Printed Name

Printed Name

Title

Title

Date

Date

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
- B—The United States or any of its agencies or instrumentalities.
- C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

- G—A real estate investment trust.
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
- I—A common trust fund as defined in section 584(a).
- J—A bank as defined in section 581.
- K—A broker.
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1).
- M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



Town of Secaucus

Purchasing Department

Christine Smith, QPA, RPPS
Purchasing Agent
1203 Paterson Plank Road
Secaucus, NJ 07094
P: 201.330.2026
F: 201.271.3615
CSmith@Secaucus.net

To: All Vendors
Advisory Notice – Law C57, Laws 2004, S1778

Business organizations planning to contract with any public agency in New Jersey, including state agencies, local governments, colleges/universities, and local school boards, will be required to provide a copy of their Business Registration Certificate.

Information about Business Registration Certificates and application forms are available on the New Jersey Department of Treasury; Division of Revenue and Enterprise Services website: State of NJ - Department of the Treasury - Division of Revenue [State of NJ - Department of the Treasury - Division of Revenue Getting Registered](#). The website also permits you to check to see if you are already registered. The Town of Secaucus requires a copy of your Business Registration Certificate on file as soon as you receive it.

“Business organization” (as defined in the law) means an individual, partnership, association, joint stock company, trust, corporation, or other legal business entity or successor thereof, that seeks to enter, or has entered into, a contract to provide goods or services or to construct a construction project with a contracting agency.

The revised law further provides that:

1. A copy of the Business Registration Certificate issued by the New Jersey Department of Treasury shall be provided prior to the award of a bid or RFP.
2. A copy of the Business Registration Certificate shall be submitted before any purchase order or other contracting document can be issued. Failure to supply a certificate will prevent the Town from being able to purchase from you.
3. Contractors are responsible for notifying subcontractors of the law’s provisions.

It is anticipated that the Department of Treasury will promulgate rules, which may require further communication at a later date.

Division of Revenue and Enterprise Services

Business Registration Certificate

A Business Registration Certificate serves two purposes:

- **For public contracting, as proof of valid business registration with the New Jersey Division of Revenue.**

Pursuant to N.J.S.A. 52:32-44, all contractors and subcontractors must provide a Business Registration Certificate from the Division of Revenue in the Department of the Treasury when doing business with the State of New Jersey, and other public agencies in this state. Proof of registration is also required for licensure with the Casino Control Commission.

- A Business Registration Certification is not required when:
 - the value of a single contract with the contractor is less than 15 percent of the contracting agency's bid threshold; or
 - the aggregate amount of contracts with the contractor during a fiscal year, is less than 15 percent of the contracting agency's bid threshold.

The bid threshold lists are available on the [Division of Purchase and Property's](#) website under Agency Information.

- **To comply with Chapter 85, P.L. 2006, defined under N.J.S.A. 54A:7-1.2.**
You must use the Business Registration Certificate if you are an unincorporated construction contractor performing work in NJ or you are a registered unincorporated contractor requesting proof of certification.

If you are a registered vendor but have not received the Business Registration Certificate, you may [obtain a certificate online](#). Please note that this certificate is not required for all businesses in New Jersey. It is required only for those doing business with the public sector and with the casino service industry.

You may check the [online registration inquiry](#) to determine if the business is already registered. If you have not registered but are required to have this certificate, you will need to complete Form NJ-REG. Representatives of the Division's Customer Contact Center activity are available to assist in the registration process. Call [609.292.9292](#).

Filing Form NJ-REG

You may submit Form NJ-REG online, but please review the following before doing so:

- Any domestic or foreign **corporation, limited partnership, limited liability company or limited liability partnership** that is contracting with public agencies in New Jersey and/or that has tax nexus in New Jersey must obtain legal authority to operate in this State **prior to submitting Form NJ-REG**. Generally, this is accomplished by filing a Certificate of Incorporation or Formation with the Division. You may wish to visit the [getting registered](#) page for more information on this topic.
- **Individuals or Unincorporated Construction Contractors** with no business tax or employer obligations may register using [Form Reg-A](#) instead of Form NJ-REG in order to obtain the Business Registration Certificate. Individuals who have created and are operating as a business entity (e.g. LLC) may not use Form REG-A.
- **Non-profit organizations** may be required to register for tax purposes, but are not subject to the proof of registration requirement when contracting with public agencies in this state.

[Access Form NJ-REG online](#)

Public Contracts

When seeking a public contract, an affirmative action report (Form AA-302) will also be required. The Certificate of Registration may not be used as evidence of compliance with the affirmative action requirements and submitted in lieu of Form AA-302. Both forms will be required. The Division of Purchase and Property's, Contract Compliance and Audit Unit provides guidelines for businesses awarded public contracts. The Form AA-302 may be electronically submitted via online submission or manually at In addition, answers to [frequently asked questions](#) are provided by the Division of Local Government Services. While designed for local government contracting, the FAQ page contains guidance that it is applicable to most New Jersey government procurement activities.

- [Instructions for Contracting with Local Government, Colleges and Universities, County Colleges and Boards of Education](#)
- [Guidelines and Regulations for Awarded Public Contracts](#)
- Affirmative Action Employee Information Report ([Form AA-302](#))

Last Updated: Friday, 12/01/23

All businesses MUST provide a copy of their Business Registration Certificate (BRC) for their registration to be complete. Below are samples of a BRC Certificate. The Taxpayer Name on the BRC must be the same as the name on the Vendor Registration and the W9 form.

Non-profit Organizations must provide proof of 501(c)(3) exemption instead of the BRC.

Online BRC Look-up: https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

Information on BRC Requirements: <http://www.state.nj.us/treasury/revenue/busregcert.shtml>

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:		
FORM-BRC(08-01)	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.	

J.P. & Tully
Acting Director

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
	20041014112823533



Town of Secaucus

Purchasing Department

Christine Smith, QPA, RPPS
Purchasing Agent
1203 Paterson Plank Road
Secaucus, NJ 07094
P: 201.330.2026
F: 201.271.3615
CSmith@Secaucus.net

EQUAL EMPLOYMENT OPPORTUNITY **COMPLIANCE**

New Jersey State law requires that the below Affirmative Action and Equal Employment Opportunity documentation shall be provided by any vendor that wishes to do business with the Town of Secaucus. These forms must be on file with this office, available to the State upon their request.

1. **Mandatory Equal Employment Opportunity Language.** Please review carefully, and return a copy signed by the highest official in your company, acknowledging agreement.
2. **Certificate of Employee Information Report.** This certificate is issued by:

NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit EEO Monitoring Program.

***IMPORTANT - If you do not have a Certificate:** Complete the enclosed 302 Form and forward it to the State, per the instructions at the top of the page, with your application fee. Please provide the Town proof that you have applied to the State of New Jersey, and your certificate once it is received.

❖ **Do not send any payments to the Town – We do not supply the CEIR**

Submissions shall be forwarded to the Purchasing Office via fax, email, or mailing address as listed above. Please contact this office with any questions.

Forms, additional instructions, and information can also be found at:
https://www.nj.gov/treasury/contract_compliance/

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27-1.1 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

(Revised July 2022)

EXHIBIT A
(CONTINUED)

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Company Name: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____



**Employee Information Report
EEO Reporting, Forms Link and
FREQUENTLY ASKED QUESTIONS**

WEBSITE TO OBTAIN FORMS: www.state.nj.us/treasury/contract_compliance

WHO SHOULD CHECK OR MONEY ORDER BE PAYABLE TO? The Treasurer, State of New Jersey

HOW TO OBTAIN A DUPLICATE CERTIFICATE: Visit the website above and select forms. Print and complete the Duplicate Request Form and mail with a \$75 check or money order payable to The Treasurer, State of NJ, PO Box 206, Trenton, NJ 08625. **NOTE:** No fee is required for name and/or address updates.

HOW LONG DOES IT TAKE TO PROCESS FORM AA-302 AND RECEIVE CERTIFICATE OF EMPLOYEE INFORMATION REPORT? The initial Form AA-302 certificate may take up to three (3) weeks. Renewals certificates may take up to two (2) weeks.

HOW LONG ARE CERTIFICATES VALID? For entities with fewer than 50 employees, the certificate is valid for seven (7) years. For entities with 50 employees or more, the certificate is valid for three (3) years.

WHICH ADDRESS SHOULD BE USED? When using the United States Postal Service (regular mail) to deliver the Form AA-302 and payment, the following address must be used:

NJ Dept. of the Treasury
Contract Compliance and Audit Unit
EEO Monitoring Program
PO Box 206
Trenton, NJ 08625-0206

When using a commercial delivery service such as FEDEX, UPS or other delivery service, the following address must be used:

NJ Dept. of the Treasury
Contract Compliance and Audit Unit
EEO Monitoring Program
33 West State Street, 9th floor
Trenton, NJ 08625

FOR QUESTIONS RELATED TO CONSTRUCTION FORMS AA-201 AND AA-202: Contact the NJ Dept. of Labor and Workforce Development, Office of Diversity and Compliance, Construction EEO Monitoring Program at (609) 292-9550.

HOW TO REGISTER FOR SUBMISSION OF ELECTRONIC RENEWAL CERTIFICATE: Visit www.state.nj.us/treasury/contract_compliance. Select the Premier Business Services Online Forms Account Instructions and follow the instructions.

HOW TO SUBMIT PAYMENT AFTER FILING RENEWAL CERTIFICATE ELECTRONICALLY? Mail check or money order (in the amount of \$150) to the Division along with a print out of the online submission screen. Make check or money order

payable to: The Treasurer, State of New Jersey. Please write your certificate number on the check or money order.

RECEIVED RENEWAL NOTICE – HOW DO I RENEW MY CERTIFICATE? Follow the instructions on the renewal notice, refer to the Division’s website and select forms, print out the renewal package, complete Form AA-302, Vendor Activity Summary Reports and mail in along with a check or money order payable to: The Treasurer, State of New Jersey.

TO OBTAIN THE STATUS OF YOUR CERTIFICATE: Please call (609) 292-5473 and a representative will be available to assist you. Please have your federal ID or certificate number available to ensure faster service. **NOTE:** Renewal Notices will be mailed within 90 days prior to the expiration date of your certificate.

CAN PAYMENTS BE MADE WITH CREDIT CARDS? Payments are only accepted in the form of a check or money order in the amount of \$150 and must be submitted with the Form AA-302 (Employee Information Report).

DO NONPROFIT ORGANIZATIONS HAVE TO COMPLETE FORM AA-302? Yes, the Employee Information Report (Form AA-302) must be completed by nonprofit organizations to ensure compliance with the EEO requirements.

WHAT DOES THE CERTIFICATE LOOK LIKE? The Certificate of Employee Information Report is yellow in color, 3 ½ X 8 ½ and has your assigned certificate number in the top right corner. The entity’s name and address along with the effective date and expiration date also are included on the certificate.

THE COMPANY HAS NO EMPLOYEES. SHOULD THE OWNER OPERATING THE BUSINESS REPORT NO EMPLOYEES OR ONE EMPLOYEE FOR HIMSELF/HERSELF? A company with no employees must report the officials and managers on line #3 and also on line #11 (officials/managers).

WEBSITE TO OBTAIN FORMS:

www.state.nj.us/treasury/contract_compliance

CREATING A LOGIN FOR ELECTRONIC FILING:

[AA-302 - Online Submission - Register Now - Creating a Login](#)

www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302/create-a-logon.pdf

ELECTRONIC FILING INSTRUCTIONS FOR THE AA302 FORM:

[AA-302 - Online Submission Instructions](#)

www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302/instructions.pdf

DIVISION OF REVENUE & ENTERPRISE SERVICES CENTRAL FORMS REPOSITORY & PAYMENT COLLECTION SYSTEM:

https://www.dnet-tre.nj.gov/TYR_CentralFormsRepository/

Contact Information



Goods and Services:

Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
PO Box 206
Trenton, NJ 08625-0206



Tel.: [609-292-5473](tel:609-292-5473)



Fax: 609-292-1102



CCAUAEE0@treas.nj.gov



Construction:

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program
PO Box 209
Trenton, NJ 08625-0209



Tel.: [609-292-9550](tel:609-292-9550)



Fax: 609-984-4023



Constructioncc@dol.nj.gov

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		COMPANY E-MAIL
5. STREET	CITY	COUNTY
	STATE	ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY
	STATE	ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT		
	CITY	COUNTY
	STATE	ZIP CODE

Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. *DO NOT SUBMIT AN EEO-1 REPORT.*

JOB CATEGORIES	ALL EMPLOYEES	PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN														
		COL. 1	COL. 2	COL. 3	***** MALE*****						*****FEMALE*****					
		Total	Male	Female	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES
	(Cols.2 &3)															
Officials/Managers																
Professionals																
Technicians																
Sales Workers																
Office & Clerical																
Craftworkers (Skilled)																
Operatives (Semi-skilled)																
Laborers (Unskilled)																
Service Workers																
TOTAL																
Total employment From previous Report (if any)																
The data below shall NOT be included in the figures for the appropriate categories above.																
Temporary & Part-Time Employees																

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From: _____ To: _____		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO DAY YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE
		ZIP CODE	PHONE (AREA CODE, NO., EXTENSION)

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. **DO NOT attach an EEO-1 Report.**

Racial/Ethnic Groups will be defined:

Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillipine Islands and Samoa.

Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 14 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

**NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
P.O. Box 206**

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

Sample Certificate of Employee Information Report

Certification 111XX

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.
33 WEST STATE STREET
TRENTON, NJ 08625

VOID



State Treasurer