



ORGANIZATION DATA FORM^{***}

ATTACH AN ADDITIONAL PAGE IF SPACE FOR MORE THAN FOUR NAMES IS NEEDED

Organization Information	
Name of Organization:	
Address of Principal Office:	
Authorized Persons	
Please list the persons authorized to act on behalf of the above organization:	
Name:	Title:
Address:	
Name:	Title:
Address:	
Name:	Title:
Address:	
Name:	Title:
Address:	
Name:	Title:
Address:	
Organization Data	
Is this organization based in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, is this organization authorized to do business in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the organization currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please explain.	
When was the First Annual Report filed with the Secretary of State in Trenton?	
Are there any Franchise Taxes currently due to the Corporation Tax Bureau? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, in what year were the last taxes paid?	

*****Complete this form only if the applicant is not a private citizen**