THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF CORPORATIONS AND TRADEMARKS

18 Kongens Gade
Charlotte Amalie, Virgin Islands 00802
Phone - 340.776.8515
Fax - 340.776.4612

1105 King Street
Christiansted, Virgin Islands 00820
Phone - 340.773.6449
Fax - 340.773.0330

APPLICATION FOR RESERVATION OF NAME

- A name can be reserved for a set number of days by filing an Application for Reservation of Name, along with the requisite filing fee. Name reservation fees are as follows –

  - TRADE NAMES are reserved for a period of 30 days, at a cost of $30.00.
  - CORPORATION NAMES are reserved for a period of 30 days, at a cost of $30.00.
  - LIMITED LIABLITY COMPANY NAMES are reserved for a period of 120 days, at a cost of $50.00.
  - LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP AND LIMITED LIABILITY LIMITED PARTNERSHIP NAMES are reserved for a period of 30 day, at a cost of $30.00.

- For good cause shown, two ten (10) day extensions can be granted, at no additional charge. Extension requests should be made in writing and must be received by the Division of Corporations and Trademarks prior to the expiration of the current reservation period.

- The availability of a name can be preliminarily checked by calling the Division of Corporations and Trademarks. However, verbal confirmation is preliminary and should not be relied upon.

- Filing an Application for Name Reservation does not formally adopt the name. A name is not considered reserved until and unless a confirmation email has been received applicant from the Division of Corporations and Trademarks.

- This application and requisite fee (payable to the Government of the Virgin Islands) must be brought in to the office or mailed as follows –

OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF CORPORATIONS AND TRADEMARKS
5049 KONGENS GADE
CHARLOTTE AMALIE, VIRGIN ISLANDS 00802

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NAME RESERVATION FORM

_____
NAME TO BE RESERVED

The Director, Division of Corporations & Trademarks, is requested to reserve the above captioned name for use as a (please check appropriate box) –

____ **TRADE NAME**
Name will be reserved for 30 calendar days for a fee of $30.00.

____ **CORPORATION**
Name will be reserved for 30 calendar days for a fee of $30.00.

____ **LIMITED LIABILITY COMPANY**
Name will be reserved for 120 calendar days for a fee of $50.00.

____ **LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY LIMITED PARTNERSHIP**
Name will be reserved for 30 calendar days for a fee of $30.00

Said name is requested to be reserved on behalf of –

_____
COMPANY NAME (IF APPLICABLE)

_____
NAME

_____
ADDRESS

_____

_____
BEST CONTACT NUMBER

_____
EMAIL ADDRESS

_____ _____
SIGNATURE DATE

Comment [t1]: Select for which entity type you will be reserving the name. If you wish to register a trade name as a sole proprietor or as a partnership, please select Option #1 – TRADE NAME.

Comment [t2]: If this trade name is being registered by corporation, limited liability company, limited partnership, limited liability partnership or limited liability limited partnership, please provide the name of that entity here.

Comment [t3]: Name of person executing this document.

Comment [t4]: Address of person executing this document.

Comment [t5]: Best daytime contact number and email address for person executing this document

Comment [t6]: Signature of the person executing this document and the date of execution.

FOR OFFICIAL USE ONLY

RESERVATION START DATE _____

RESERVATION EXPIRATION DATE _____

DATE RECEIVED	RECEIVED BY	PAYMENT RECEIVED	PAYMENT TYPE	RECEIPT NO.