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

5049 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 REGISTRATION OF A TRADE NAME UNDER A LIMITED LIABILITY COMPANY – TNLLC12

- A trade name is not considered registered unless and until you are in receipt of the certified Certificate of Trade Name is issued by this office. You are cautioned against relying on an unofficial representation. The Office of the Lieutenant Governor nor the Division of Corporations and Trademarks shall not be held responsible for any costs incurred as a result of a client moving forward without proper registration.

- The Director reserves the right to reject any application for registration.

- This form is for use by limited liability companies only.

- This form cannot be used for sole proprietorships, partnerships, corporations, limited partnerships, limited liability partnerships, limited liability limited partnerships.

- This form must be completed in its entirety. Failure to do so will result in the rejection of the application document.

- One (1) original application, with original signature(s) and original notary authentication must be submitted.

- The application must be submitted free of obliterated text (no strike through marks, no corrective fluid/tape). Evidence of obliteration will result in the rejection of the application document.

- A trade name registered in accordance with the provisions of V.I.C., Title 11, Chapter 21, shall not be the same as nor so similar as to cause confusion with the trade name of any person, partnership, association or corporation, foreign or domestic, doing business under such trade name in the United States Virgin Islands. This office will make that determination.

- A fee of $50 must accompany the application. If the application is mailed, be certain to include a check or money order payable to the **GOVERNMENT OF THE VIRGIN ISLANDS**. The envelope must be addressed to **THE OFFICE OF THE LIEUTENANT GOVERNOR – DIVISION OF CORPORATIONS AND TRADEMARKS; 5049 KONGENS GADE; ST. THOMAS, VIRGIN ISLANDS 00802**.

- A fee of $250.00, in addition to the $25.00 registration fee, guarantees 24-hour processing of this application document.

- All trade name registrations must be renewed bi-annually (every two (2) years), on the anniversary of original registration, at a fee of $50.00. Failure to do so will result in the cancellation of the registration.

FORM - TNLLC12

THE UNITED STATES VIRGIN ISLANDS

OFFICE OF THE LIEUTENANT GOVERNOR

DIVISION OF CORPORATIONS AND TRADEMARKS

APPLICATION FOR REGISTRATION OF TRADE NAME UNDER A LIMITED LIABILITY COMPANY

VIRGIN ISLANDS CODE – TITLE 11 – CHAPTER 21

LAST NAME OF THE MANAGER or MEMBER

FIRST NAME OF THE MANAGER or MEMBER

MAILING ADDRESS

EMAIL ADDRESS

BEST DAYTIME CONTACT NUMBER(S)/CELL PHONE

FOR OFFICIAL USE ONLY	
DATE RECEIVED	
RECEIVED BY	
PAYMENT AMOUNT RECEIVED	
PAYMENT TYPE	
RECEIPT NO.	

TERRITORY or STATE OF _____)

JUDICIAL DISTRICT or COUNTY OF _____)

THIS IS TO CERTIFY THAT _____

a limited liability company, organized under the laws of _____, the principal office of which is located at _____, is doing or intends to do business in the United States Virgin Islands and that this business is known or is to be known by the designation, name or style of _____, that said business is located at _____, and that the kind of business to be conducted under said name is _____.

IN WITNESS WHEREOF, THE SAID LIMITED LIABILITY COMPANY _____ has to these presents and caused the name to be subscribed and acknowledged by its _____ at the city of _____ in the state (district) of _____ on the _____ day of _____, _____.

I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES VIRGIN ISLANDS, THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND ANY ACCOMPANYING DOCUMENTS, ARE TRUE AND CORRECT, WITH FULL KNOWLEDGE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION AND THAT ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF REGISTRATION.

_____
Limited Liability Company

MANAGER

_____
Printed Name

_____
Signature

MEMBER

_____
Printed Name

_____
Signature

ACKNOWLEDGEMENT

TERRITORY OF THE VIRGIN ISLANDS)
JUDICIAL DISTRICT OF _____)

On this, the _____ day of _____, _____, before me, the undersigned _____ personally appeared who acknowledged himself/herself to be the Member or Manager of _____, a Limited Liability Company, and that he/she, as such being authorized so to do, executed the foregoing instrument for the purpose therein contained by signing the name of the Limited Liability Company.

IN WITNESS WHEREOF, I hereto set my hand and official seal.

_____
Notary Public

_____
My Commission Expires