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 PARTNERSHIP or A LIMITED LIABILITY LIMITED PARTNERSHIP – TNRLP1312

- 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 partnerships and limited liability limited partnerships only.

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

- This form must be completed in its entirety. Failure to do so will result in 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 $25 must accompany this 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 registration fee of $25.00, 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 TNRLP1312

THE UNITED STATES VIRGIN ISLANDS

OFFICE OF THE LIEUTENANT GOVERNOR

DIVISION OF CORPORATIONS AND TRADEMARKS

APPLICATION FOR REGISTRATION OF TRADE NAME

UNDER A LIMITED PARTNERSHIP OR A LIMITED LIABILITY LIMITED PARTNERSHIP

CONTACT INFORMATION

LAST NAME

FIRST NAME

EMAIL ADDRESS

BEST DAYTIME CONTACT NUMBER(S)/CELL PHONE

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

TERRITORY or STATE OF _____)

JUDICIAL DISTRICT or COUNTY OF _____)

PLEASE TYPE OR PRINT

NAME OF LP or LLLP _____

TRADE NAME _____

NATURE OF BUSINESS _____

LOCATION OF BUSINESS _____

NOTE: This must be a physical address.

_____

CITY ISLAND ZIP CODE

I DECLARE, UNDER PENALTY OF PERJURY, THAT I, THE UNDERSIGNED, AM A PARTNER AUTHORIZED TO CONDUCT BUSINESS ON BEHALF OF THE LIMITED PARTNERSHIP OR LIMITED LIABLITY LIMITED PARTNERSHIP ABOVE NOTED, 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.

FIRST NAME LAST NAME

SIGNATURE

EMAIL ADDRESS

MAILING ADDRESS

CITY ISLAND ZIP CODE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

_____

Notary Public

_____

My Commission Expires