



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 – TNR12

- A trade name is not considered registered unless and until you are in receipt of the certified Certificate of Trade Name 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 sole proprietors, partnerships or associations of individuals.
- This form cannot be used for Corporations, LPs, LLPs, LLLPs or LC.
- 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 connective 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 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 TNRI 2

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

APPLICATION FOR REGISTRATION OF TRADE NAME

VIRGIN ISLANDS CODE - TITLE 11 - CHAPTER 21

LASTNAME	FOR OFFICIAL USE ONLY	
FIRSTNAME		
EMAIL ADDRESS		
BEST DAYTIME CONTACT NUMBER(S) / CELL PHONE		
DATE RECEIVED	RECEIVED BY	
PAYMENT RECEIVED	PAYMENT TYPE	
	RECEIPT NO.	

- Comment [t1]:** Provide the last name of the applicant/person submitting the application.
- Comment [t2]:** Provide the first name of the applicant/person submitting the application.
- Comment [t3]:** Provide a valid email address for the applicant/person submitting the application.
- Comment [t4]:** Provide the best daytime contact number for the applicant/person submitting the application.

TERRITORY or STATE OF _____)
JUDICIAL DISTRICT or COUNTY OF _____)

The undersigned parties, comprising a co-partnership or an association of individuals other than a corporation, conducting or intending to conduct a business in the United States Virgin Islands, hereby requests that the trade name, set forth below, under which said business shall be conducted, be registered in accordance with the provisions of Chapter 21, Title 11 of the Virgin Islands Code, and we certify the following:

PLEASE TYPE OR PRINT

TRADE NAME _____

NATURE OF BUSINESS _____

LOCATION OF BUSINESS _____

NOTE: This must be a physical address.

CITY ISLAND ZIP CODE

- Comment [t5]:** Provide trade name to be registered. This name cannot contain the suffixes CO., INC., CORP., LLC, LP, LLP, LLLP
- Comment [t6]:** Indicate type of business to be conducted under this trade name (i.e. nail salon, shoe retail store). Please be as explicit.
- Comment [t7]:** Provide a valid physical address for the location of the business.

True and real names of all persons and/or entities wishing to register this trade name must appear below. Persons or entities who currently reside in the United States Virgin Islands must complete and sign page one, below, and submit this application under notary acknowledgement. Should there be more than two (2) organizers, please submit the name, full mailing address, email address and signature of each additional member, under notary acknowledgement, on a second sheet, making that sheet an addendum to this application.

Persons and/or entities that do not reside, or are not of the United States Virgin Islands, must skip the section below and continue onto Page 2. If the organizers are not residents of, and are not currently residing in the United States Virgin Islands, a Resident Agent must be named. A Resident Agent is an individual designated to receive service of process when a business entity is a party in a legal action, such as a summons or lawsuit. The Resident Agent must reside in the United States Virgin Islands. The Resident Agent must submit, under notary acknowledgement, a Consent of Resident Agent Form. Failure to submit the Consent of Resident Agent Form will render this application null and void.

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.

FIRSTNAME	LASTNAME	MAILING ADDRESS
SIGNATURE	CITY	ISLAND ZIP CODE
EMAIL ADDRESS		
FIRSTNAME	LASTNAME	MAILING ADDRESS
SIGNATURE	CITY	ISLAND ZIP CODE
EMAIL ADDRESS		

- Comment [t8]:** If the applicant(s) are residents of the United States Virgin Islands, please complete the following section of this page. If the applicant(s) are not residents of the United States Virgin Islands, please proceed to Page 2.
- Comment [t9]:** Provide both the last and first names of person(s) registering the trade name, providing the person is a current resident of the United States Virgin Islands.
- Comment [t10]:** Provide a valid mailing address for the person registering the trade name, providing the person is a current resident of the United States Virgin Islands.
- Comment [t11]:** Provide signature of the person registering the trade name, providing the person is a current resident of the United States Virgin Islands.
- Comment [t12]:** Provide a valid email address for the person registering the trade name.
- Comment [t13]:** If more than one (1) registrant, continue below, providing the names of the additional applicants.
- Comment [t14]:** Notary Public to complete this section, authenticating the signature(s) contained therein.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

Notary Public
My Commission Expires _____

FORM TNRI 2

NON-RESIDENT PARTNERS OR MEMBERS OF ASSOCIATION, PLEASE COMPLETE THE FOLLOWING -

TERRITORY or STATE OF _____)
JUDICIAL DISTRICT or COUNTY OF _____)

The undersigned, non-resident of the United States Virgin Islands, doing business in the United States Virgin Islands, as a partner or member in the firm, under the trade name _____ hereby subscribes to the application for registration of trade name and appoints _____, a person residing in the United States Virgin Islands and having an office or place of business located at _____ as his Resident Agent upon whom process against the undersigned may be served in an action founded upon a liability incurred within the United States Virgin Islands.

Comment [t15]: Provide the trade name being registered.

Comment [t16]: Provide the name of the resident agent.

Comment [t17]: Provide the local, physical address of the resident agent.

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.

FIRSTNAME LASTNAME MAILING ADDRESS
SIGNATURE CITY ISLAND ZIP CODE
EMAIL ADDRESS

Comment [t18]: Provide the first and last name of the actual applicant.

Comment [t19]: Provide the mailing address of the actual applicant.

Comment [t20]: Provide the signature of the actual applicant.

Comment [t21]: Provide a valid email address for the actual applicant.

Subscribed and sworn to before me this _____ day of _____,

Notary Public

My Commission Expires _____

Comment [t22]: Notary Public must authenticate the signature of the actual applicant.

Comment [t23]: If there is more than one (1) applicant who resides outside of the United States Virgin Islands, the additional applicants must complete the following section. If more than two (2) applicants resident outside of the United States Virgin Islands, please photocopy Page 2 of this applicant and have each applicant complete the sections.

The undersigned, non-resident of the United States Virgin Islands, doing business in the United States Virgin Islands, as a partner or member in the firm, under the trade name _____ hereby subscribes to the application for registration of trade name and appoints _____, a person residing in the United States Virgin Islands and having an office or place of business located at _____ as his Resident Agent upon whom process against the undersigned may be served in an action founded upon a liability incurred within the United States Virgin Islands.

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.

FIRSTNAME LASTNAME MAILING ADDRESS
SIGNATURE CITY ISLAND ZIP CODE
EMAIL ADDRESS

Subscribed and sworn to before me this _____ day of _____,

Notary Public

My Commission Expires _____