



Prescribed by  
 VARGRAVE A. RICHARDS, Lieutenant Governor  
 Office of the Lieutenant Governor  
 5049 Kongens Gade  
 Charlotte Amalie, St. Thomas, VI 00802-6487

<b>FOR OFFICE USE ONLY</b>	
Approved:	_____
Date:	_____
Fee:	\$50.00

Division of Corporation and Trademarks  
 Tel. (340) 776-8515 ♦ Fax. (340) 776-4612

## RENEWAL OF TRADE NAME REGISTRATION

1. The trade name to be renewed is: \_\_\_\_\_
2. Registration number: \_\_\_\_\_ Date of original registration: \_\_\_\_\_
3. The applicant is: (Check the appropriate box)
 

<input type="checkbox"/> an individual	<input type="checkbox"/> a Virgin Islands Corporation, Charter No. _____
<input type="checkbox"/> a General Partnership	<input type="checkbox"/> a Foreign Corporation, state of _____
<input type="checkbox"/> a Limited Partnership	<input type="checkbox"/> a VI Limited Liability Company, Charter No. _____
<input type="checkbox"/> an unincorporated association	<input type="checkbox"/> a Foreign Limited Liability Company, state of _____

4. The name(s) of the applicant designated in item 3 is (are):  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: When the applicant is a partnership, the name of the partnership must appear on this line.

5. The business address of the applicant is: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  

(City, Village or Township)
(Island or County)
(State)
(Zip Code)

6. Complete only if applicant is a partnership:

**NAMES OF ALL GENERAL PARTNERS**  
 (Please attach a separate sheet if additional space is needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE RESIDENCE ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This document must be signed by a corporate officer, a general partner, an individual applicant, an association member and/or officer.

By: \_\_\_\_\_  
 \_\_\_\_\_  
 (Please Print Name and Title)