



APPLICATION FOR SPACE / TENANT INFORMATION

Virgin Islands Port Authority
Property Management
P. O. Box 301707
St. Thomas, VI 00803-1707
(340) 774-1629 (phone)
(340) 715-0134 (fax)

Application Fee (Non-Refundable)

\$75.00 (Existing Tenant)

\$150.00 (New Applicant)

(Please make check payable to V. I. Port Authority.)

APPLICATION CHECKLIST

The Virgin Islands Port Authority reserves the right to return incomplete applications or to request additional information and/or documentation regarding this application.

- _____ V. I. Business License (**current**)
- _____ V. I. Certificate of Good Standing (**current – dated July 1(FY) or later**) (for corporations and tradename users / if new entity, a stamped copy of receipt from Lt. Governor’s Office showing filing of required documents) –
- _____ Articles of Incorporation, if applicable
- _____ Insurance Certificate (if new applicant, sample certificate)
- _____ Application (Signed and Dated) with Certification Page Notarized
- _____ Application Fee (Please make checks payable to the V. I. Port Authority)

If an Airline (Additional Documents)

- _____ Air Carrier Certificate (issued by Local FAA FS)
- _____ Operations Certificate (showing FAA Approval of use of tradename, if applicable)
- _____ Proposed Flight Schedule
- _____ Insurance Certificate

If a Ferry Boat Company / Marine Operations (Additional Documents)

- _____ U. S. Coast Guard -- Certificate of Inspection & Documentation
- _____ V. I. Department of Planning & Natural Resources – Proof of Registration
- _____ Proposed Operating Schedule
- _____ Insurance Certificate

INSURANCE: In most cases, the Lessee will be required to carry adequate insurance to protect both the Lessee and the Authority against comprehensive public liability and property damage. The terms and limits of the insurance requirements will be based on the risks relative to the Lessee’s operations. (It is suggested that the applicant investigate the cost of such coverage prior to submitting an application for space.)

For additional information about business licenses and/or certificates of good standing, please contact the following agencies:

Department of Licensing & Consumer Affairs - Licensing Division - Tel.: (340) 774-3130

Department of Planning & Natural Resources – Tel. (340) 774-3320

Lt. Governor’s Office / Division of Corporation & Trademarks - Tel.: (340) 776-8515

VIRGIN ISLANDS PORT AUTHORITY
APPLICATION FOR SPACE/ TENANT INFORMATION

1. Applicant/ Business Name _____

Physical Address (**current**) _____

Mailing Address (if different from above)

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____ Website: _____

2. Contact Person/ Position: _____

Phone: (_____) _____ Fax: (_____) _____ E-Mail _____

3. V. I. Port Authority Area(s) / Property (-ies) being requested for lease:

4. Requested Use(s) of Property: List all Activities or Business Functions to Occur at Premises *(Please provide sufficient information to fully describe the activities. Additional information may be attached.)*

5. Term (and Option, if applicable) Requested: _____
(Term granted is dependent on current policy and/or proposed investment)

If applicant is current lease: _____ New lease

_____ Term Extension -- Current Expiration Date _____

6. Name to Appear On Lease: _____
(including tradename(s))

Name of Person/Position Executing the Lease

7. Type of Business _____

8. Business Status *(Please indicate which type below and provide supporting documentation / Please check only one.)*

_____ Individual _____ Partnership _____ Corporation
_____ Joint Venture _____ Limited Liability Company (LLC)
_____ Government _____ Other: _____

If Incorporated: Date of Incorporation _____

V. I. Corporation In Good Standing _____ Yes _____ No

Tradenames (If Any) _____

Federal Tax ID Number _____

Are you registered to do business in the United States Virgin Islands?

_____ Yes _____ No

9. V. I. Business License No.(s) _____
(Attach copy) _____

List all other Licenses held _____

10. Name Of Principal(s) / Position(s) / Home Address(es)

A. _____

B. _____

C. _____

11. Name Of Resident Agent _____

Address _____

Phone: () _____ Fax: () _____

12. Objectives *(Applicant should clearly and concisely indicate what is intended to be accomplished.)*

13. Expected Markets for Product(s) and/or Service(s) *(Include information pertaining to expected volume, trends, etc.)*

14. Experience *(Describe extent, including duration, of business experience with emphasis on proposed type of business; Detail the experience of management or proposed management personnel.)*

15. Number of Jobs to be Created by This Project

16. Estimated size of space requested / How much space (i.e., sq. ft., acres, etc.) is required for operations or in accordance with zoning law?

17. Do you plan to construct or place improvements on the Premises?

_____ Yes _____ No

18. Describe proposed improvements, type(s) of construction and required utilities and/or amenities -- **Attach appropriate drawings and/or maps**

19. Estimated Costs of Investment: **(REQUIRED)**

Labor	\$	_____
Improvements	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

20. Proposed Source(s) Of Financing for Investment

21. Projected Work Plan and Timetable (included anticipated start and completion dates)

22. Estimated Gross Income for the first/ next 5 Years of Operation **(REQUIRED)**

Year 1	\$	_____
Year 2	\$	_____
Year 3	\$	_____
Year 4	\$	_____
Year 5	\$	_____

23. Organizations(s) and/or Person(s) Consulted

24. Latest Financial Statement (Auditor Certified) / Credit Report Attached

____ Yes ____ No

25. Business References (REQUIRED)

	<u>NAME</u>	<u>COMPANY</u>	<u>CONTACT #</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

26. Additional Information (*pages may be added to further support application*)

UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

ALL INFORMATION SUBMITTED ARE SUBJECT TO BE DISCLOSED TO THE PUBLIC UNDER THE FREEDOM OF INFORMATION ACT OF THE VIRGIN ISLANDS.

SUBMITTED BY:

SIGNATURE: _____

PRINT NAME: _____

POSITION: _____

DATE: _____

CERTIFICATION BY APPLICANT

The undersigned applicant hereby certifies that:

It has not intentionally or unintentionally misrepresented or omitted material fact and has made full disclosure on the application and in supporting documentation(s);

It has not knowingly engaged the services of any member of the Board of Governors of the Virgin Islands Port Authority, nor any firm, corporation, joint venture, partnership or other entity of which any member, officer or official of the Virgin Islands Port Authority is officer, director, stockholder or partner for the purpose of securing any benefit or benefits from the Virgin Islands Port Authority for the applicant; and further,

It has not knowingly paid any money or obligated itself to pay any money or extended benefit to any member, officer or official of the Virgin Islands Port Authority, or any members of their immediate family, or any corporation, joint venture, partnership or other entity of which any member, officer or official of the Virgin Islands Port Authority is an officer, director, stockholder or partner, within the year immediately preceding the execution of this certification.

Dated: _____ By: _____
Title: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____