

Government of the Virgin Islands of the United States

Department of Licensing and Consumer Affairs Division Consumer Protection Services

WITH A CHECK MARK, KINDLY INDICATE STORE CATEGORY, THANK YOU

() Convenience Store () Small Store () Gas Station w/ Deli () Hardware Store () Pharmacy Date:														
								Name of Establishment:						
Physical Address: Mailing Address: License Number: Expiration Date:														
								Contact Person: Telephone:						
ITEM	BRAND NAME	UPC NO.	SIZE	PRICE										

BUSIINESS NAME:

ITEM	BRAND NAME	UPC NO.	SIZE	PRICE