

Capitol Reef National Park

COMMERCIAL USE AUTHORIZATION APPLICATION

Name of Applicant: _____

Company Name: _____

Date of Birth: _____

Social Security #: _____

Mailing Address: _____

Street Address: _____

Business Phone: _____

Fax #: _____

E-Mail: _____

Company Website: _____

Company Federal Tax Identification Number: _____

Company State Tax Identification Number: _____

Name and title of person(s) authorized to sign on behalf of the business:

Please provide detailed answers to the following using additional paper if necessary:

1. Please provide a description of the service you propose to provide.

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2. Who will this service be provided for? What is the target clientele?

3. How will this service provide meaningful opportunities to educate or enlighten the clients about the mission or values of Capitol Reef National Park?

4. Where will this activity occur? What park facilities will be utilized by this service?

5. What will be the schedule of your operation? Please give a good-faith estimate of how many trips you will provide in the park and when they will occur. Please provide specific dates if known.

6. Why must this service be provided within Capitol Reef National Park as opposed to another location?

7. What safety measures will be in place for this service?

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8. Do you agree to obtain liability insurance (See Attachment A, Additional General Conditions, Item 16B), which names "Department of the Interior, National Park Service, Capitol Reef National Park" as "additional insured?"

YES _____

NO _____

9. Do you agree to comply with the "provisions" of the Commercial Use Authorization?

YES _____

NO _____

Signature _____

Date _____