



National Park Service
U.S. Department of the Interior

Chickasaw National
Recreation Area

1008 W 2nd Street
Sulphur, OK 73086

580-622-3161 phone
580-622-2296 fax

Commercial Use Authorization Application

Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable.

FOR OFFICE USE:
Permit #

OFFICIAL BUSINESS NAME(S) _____
(Authorized name under which permit is to be issued)

AS AN APPLICANT, ARE YOU: (Mark one box.)

- INDIVIDUAL
- CORPORATION
- PARTNERSHIP/ASSOCIATION
- GOVERNMENT/STATE AGENCY
- OTHER _____

If you are an INDIVIDUAL or PARTNERSHIP, are you also a citizen(s) of the United States? YES NO N/A

***TAX PAYER ID # - OR
SOCIAL SECURITY NUMBER** _____

AUTHORIZED REPRESENTATIVE _____

APPLICANT'S (OWNER'S) NAME _____

PRIMARY ADDRESS _____
(Business Address)

ALTERNATE ADDRESS _____

PRIMARY TELEPHONE NUMBER _____

ALTERNATE TELEPHONE NUMBER (CELL) _____

FAX NUMBER _____

E-MAIL / INTERNET ADDRESS _____

NATURE OF BUSINESS _____
(Brief description of service, e.g. guided bicycle tours, narrated van tours)

OPERATING DATES/TIMES (in the park) - Open/close dates; monthly & daily schedule. Use back of form if necessary.

*Requirement of the 1996 Debt Collection Act—This number will NOT be made public.

INSURANCE

NAME OF INSURANCE CARRIER/UNDERSWRITER: _____

Please attach your original insurance certificate and endorsement.

Applicants must obtain liability coverage **BEFORE** a permit can be issued. Generally the minimum required liability coverage for bodily injury is \$300,000 per occurrence; however activities with a greater risk will require more liability coverage. Refer to the Insurance Information Sheet for specific activity/coverage amount information.

ADDITIONAL INFORMATION

• **Will you be using any type of WATERCRAFT and/or VEHICLES within park boundaries in your operation?**

NO YES If "YES," please complete the following chart. Use additional sheets if necessary.

Vehicle or Vessel Type	Maximum Passenger Capacity	Vehicle License # or Vessel ID #

• **Within the past 5 years, has the company (entity) or any of the owners of the business been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?** NO YES

• **Is the company (entity) or any of the owners of the business now under charges for any violation of state, federal, or local law or regulation?** NO YES

• **Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal, or local law or regulation?** NO YES (If "YES," you **MAY** be required to exclude those employees from working in any capacity relevant to those activities authorized by an incidental business permit.)

If you answered "YES" to any of the above questions, please give details in the space below. For each violation, write the 1) Individual's Name, 2) Date, 3) Charge, 4) Place, 5) Court, 6) Action Taken.

ITEM #	INDIVIDUAL'S NAME	DATE	CHARGE	PLACE	COURT	ACTION

False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information you provide will be considered in reviewing this application.

SIGNATURE OF OWNER/AGENT

(Attach proof of Agency if not the owner)

PRINTED NAME

DATE

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PLEASE REMIT \$200 PAYMENT WITH YOUR APPLICATION

Make remittance payable to Dept of Interior, National Park Service - Credit Cards Not Accepted for Payment.

Mail to: Chickasaw National Recreation Area, 1008 W 2nd Street, Sulphur, OK 73086.