



United States Department of the Interior

NATIONAL PARK SERVICE

Golden Gate National Recreation Area
Fort Mason, Building 201
San Francisco, California 94123

December 1, 2015

Dear Permittee:

Thank you for obtaining a Commercial Dog Walking Special Use Permit (CDWSUP) in 2015, which is valid through January 31, 2016. We are now accepting applications for the 2016 CDWSUP. Upon receipt of a complete application package, CDWSUPs will be issued for February 1, 2016 through January 31, 2017, or until a final special regulation for dog walking in GGNRA, including commercial dog walking, is finalized, whichever comes first.

Please note that CDWSUP fees have remained the same as 2015, and the fees will not be prorated. The SUP fees are based on cost recovery for program processing, administration and monitoring. In order to recover the costs associated with monitoring and management of the program, the per-walker (badge) fee for Commercial Dog Walking is \$300 per badge, while the application fee remains the same at \$75.

Highlighted here are some time-sensitive and especially pertinent pieces of information:

- All application materials must be completed, including current copies of business licenses and insurance certificates, and **postmarked no later than January 15th, 2016**.
- The CDWSUP fees must be paid via credit card or money order, and the total amount should include both the **\$75 application fee** as well as **\$300 per walker** requested. For example, 1 company with 2 dog walkers = \$675 (\$75 + \$300 + \$300)

Thank you again for your ongoing cooperation in obtaining a CDWSUP in Golden Gate National Recreation Area (GGNRA). If you have any questions regarding the CDWSUP application process, or the program in general, please contact the Office of Special Park Uses at (415) 561-4300.

Sincerely,

Office of Special Park Uses
Golden Gate National Recreation Area

How to Apply

To apply for a CDWSUP, submit the following materials to GGNRA:

1. **Application for Special Use Permit Form 10-930** (enclosed) with original signature of the applicant. This application is a standard National Park Service form, so detailed instructions follow for how to properly fill out the application specifically for a CDWSUP. You may use a separate sheet if needed to fully answer questions. It is recommended that you retain a copy for your records.
 - **Applicant/Company:** Please provide all requested information. The applicant is the company applying for the CDWSUP – information for the individual dog walkers needing Company Badges is covered below.
 - **Description of Proposed Activity:** Describe the type of dog walking services you will be providing including, but not limited to, the anticipated number of dogs that will be walked at one time, and the anticipated frequency of commercial dog walking visits within GGNRA. (*Note: providing this information will not limit you to what you describe, but rather helps GGNRA understand the nature of the demand for this permitted activity.*)
 - **Requested Location/Dates:** Provide the location(s) within GGNRA as well as the days of the week and times of day for each location that you anticipate using to conduct commercial dog walking. GGNRA sites in San Francisco and Marin that are open to dog walking are listed on the park's website: <http://www.nps.gov/goga/parkmgmt/pets.htm>. To reduce the need to fill out additional copies of page 1 of the permit in order to fit the required information, please attach a separate page. A sample table is attached. (*Note: providing this information will not limit you to these locations and times but rather helps GGNRA understand the nature of the demand for this permitted activity.*)
 - **Maximum Number of Participants:** Provide the anticipated total number of individual dogs walked on GGNRA sites in San Francisco and Marin by you/your company on an annual basis (not the number of walks but the number of dogs).
 - **Maximum Number of Vehicles:** Provide the number of vehicle(s) that will be used for transporting dogs under this permit. (*Note: providing this information will not limit you to only these vehicles.*)
 - **Support equipment:** List the vehicle make/model/color and license plate number of vehicle(s) that will be used for transporting dogs under this permit. (*Note: providing this information will not limit you to using only these vehicles.*)
 - **List support personnel including addresses and telephones:** List the legal name, address (and mailing address if different), CA driver's license number and telephone number (preferably a mobile phone number) for each individual dog walker who will need a Company Badge. Attach additional pages if necessary.
 - **Individual in charge of activity on-site:** Leave blank unless this information differs from the information that was provided on page one for the applicant/company.
 - **Yes/No Questions:** Answer Yes or No for each as appropriate.

2. **Certificate of Insurance** for \$2,000,000 aggregate/\$1,000,000 per occurrence listing “The U.S. Government, National Park Service, Golden Gate National Recreation Area” as Additional Insured. If the insurance submitted for the 2015 permit is current, you may skip this step, although the NPS reserves the right to require confirmation before proceeding.
3. **Business License** from the county/counties in which the commercial dog walking will take place. If the business license submitted for the 2015 permit is current, you may skip this step, although the NPS reserves the right to require confirmation before proceeding.
4. **Proof of Training** specific to the county in which you will be conducting commercial dog walking. If you will be doing so in both San Francisco and Marin Counties, you will need to meet the requirements for both. If you, or your staff, were provided Company Badges in 2015, you may skip this step, although the NPS reserves the right to require confirmation before proceeding.
 - If you are conducting commercial dog walking in the county of San Francisco, you must either:
 - complete one of the courses accepted by San Francisco Animal Care and Control (see <http://helpacc.org/SFDogWalkerLaw/2013/04/19/recommended-schools-to-fulfill-training-requirement/>)
OR
 - provide proof of three consecutive years as a commercial dog walker in good standing, in the form of registered business licenses if you are the proprietor, or W-2s or pay stubs if you are employed by a commercial dog walking business.
 - If you are conducting commercial dog walking in the county of Marin, you are required to have completed the Marin Pet Care Association (MPCA) Trail Manners Class, or one of the courses accepted in San Francisco (see <http://www.marinpetcareassociation.org/trailmanners.html>).
5. **Color Photo** sized 2” x 2” with name clearly identified for each **new** dog walker to be used in badge fabrication. Do not staple or tape the photo to the application. If you, or your staff, were provided Company Badges in 2015, you may skip this step, although the NPS reserves the right to require confirmation before proceeding.
6. **Payment**

The preferred method of payment is by credit card. After you’ve submitted your application, contact the Office of Special Park Uses at (415) 561-4300 to confirm receipt of your application and provide your credit card information. If you must pay by other means, please contact the Office of Special Park Uses for further instructions. The total amount authorized will be the sum of \$75 for the application fee, plus the Company Badge fee times the number of individual dog walkers. For example, a permittee for a company with three dog walkers would pay \$75 + (3 X \$300) = \$975.

Mail the complete packet to:

Office of Special Park Uses – CDW
Golden Gate National Recreation Area
Building 201, Fort Mason
San Francisco, CA 94123

Submitting complete application materials including information and photos for each Company Badge Holder is essential. Failure to do so will result in your application being returned for completion, and/or delayed processing.

Please note that all dogs 4 months and older are required to be licensed in Marin and San Francisco counties. While this is not part of the CDWSUP application process, Permittees will be responsible for confirming with their clients that all dogs are appropriately licensed before walking them in Golden Gate National Recreation Area.

If during the year a Company Badge Holder leaves the employ of the permitted company under the CDWSUP, the Badge must be returned to the park. If this individual is replaced outside of the open application period, a Badge will be provided for the new dog walker upon receipt of a Badge Replacement Form and a \$50 badge replacement fee. Please contact the Office of Special Park Uses for more information (415) 561-4300.

If the area on the application form is insufficient, please feel free to use this table.

Please indicate the number of daily trips in the appropriate time, day, and location block.

AM = park opening to 11:59am

PM = 12:00pm to park closing

	Fort Funston	Ocean Beach	Baker Beach	Presidio	Crissy Field	Fort Mason	Alta Trail	Rodeo Beach	OTHER: describe
Monday AM									
Monday PM									
Tuesday AM									
Tuesday PM									
Wednesday AM									
Wednesday PM									
Thursday AM									
Thursday PM									
Friday AM									
Friday PM									
Saturday AM									
Saturday PM									
Sunday AM									
Sunday PM									

**National Park Service
Golden Gate National Recreation Area
Building 201, Fort Mason - San Francisco CA 94123
415-561-4300**



Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$75.00 must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured.

Enter either a social security number OR a tax ID number: we do not require both.

Applicant Name:	Company/Organization Name:
Social Security #:	Tax ID #
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Contact name:
Cell phone #:	Telephone #:
Fax #:	Fax#:
Email:	Email:

Description of Proposed Activity (attach diagram, attach additional pages if necessary):

Requested Location(s):

DATE(S)

Set up begins: (date and time)	Activity begins: (date and time)	Activity ends: (date and time)	Removal completed (date and time)

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of vehicles: (attach parking plan)

_____ Cars _____ Vans/ltrucks _____ Utl.vans/trucks _____ Buses/oversized vehicles

Support equipment (list all equipment; attach additional pages if necessary)

List support personnel including addresses and telephones; attach additional pages if necessary

Individual in charge of activity on-site (include cell phone number) and authorized to make decisions related to the permitted activity:

Is this an exercise of First Amendment Rights? Y N

Have you visited the requested area? Y N

Have you obtained a permit from the National Park Service in the past? Y N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? Y N

Will you distribute printed material? Y N

Is there any reason to believe there will be attempts to disrupt, protest or prevent your event? (If yes, please explain on a separate page.) Y N

Do you intend to solicit donations or offer items for sale?
(These activities may require an additional permit.) Y N

You are encouraged to attach additional pages with information useful in evaluating your permit request including: staging, sound systems, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, use of any building, site clean-up, etc.

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or statements have been given.

Signature _____ Date _____

Printed Name _____ Title _____

Note: This is an application only, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. The completed application must be accompanied by an application fee in an amount that will depend on your application. Payments may be made by credit card only. Permit charges are non-refundable.

Send the completed application to **Office of Special Park Uses** at the park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent to you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any other aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street NW. (1237), Washington, D.C. 20240

Title 18 U.S.C. Section 1001 makes it a crime for any person to knowingly and willfully make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.