

## **APPLICATION FOR SPECIAL USE PERMIT**

Martin Luther King, Jr. National Historical Park 450 Auburn Avenue, NE Atlanta, Georgia 30312

Contact: Mari Hayden (404) 331-6965 or (404) 886-6146



Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$100.00 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 an additional insured.

Applicant Name	do not require both.  Company/Organization Name							
Social Security Number* Street Address				Tax Identification Number*				
				Street Address				
City	State	Zip Code	Country	City		State	Zip Code	Country
Telephone Number				Contact Name				
Cell Phone Number				Telephone Number				
Fax Number				Fax Number				
Email Address				Email Address				

Applicant Name Company/Organization Name									
Requested Location		· · · · ·							
Set-Up Begins	Begins Activity Begins		nds	Remov	Removal Completed				
Date	Date	Date		Date					
Time AM PM	Time AM PM	Time [	AM 🗌 PI	M Time	☐ AM ☐ PM				
Date	Date	Date		Date					
Time AM PM	Time	Time [	AM 🗌 PI	M Time	☐ AM ☐ PM				
Date	Date	Date		Date					
Time AM PM	Time AM PM		AM		AM PM				
Participants (Best Estimate)	Maximum Number of Vehicles (attach parking plan)  Participants (Rest Estimate)								
r articipants (Dest Estimate)	Cars Vans	s/Light Trucks Uti	lity Vans/1	Frucks Bu	ses/Oversized Vehicles				
Support equipment (list all equi	pment; attach additional pages if	necessary)							
List support personnel including a	addresses and telephones; attach	additional pages if ne	ecessary						
Name	ΔdΔ	ress		Cell Pho	ne Number				
Ivaille	Add	1633		Cell I IIC	ille Nullibei				
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permitted activity:	site who is authorized to make dec	cisions related to the		Cell Phone Num	ber				
pormitted delivity.									
Is this an exercise of First Amend	 Iment Rights?				☐ Yes ☐ No				
	· ·				☐ Yes ☐ No				
Have you visited the requested area?  Have you obtained a permit from the National Park Service in the past?									
(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?	•			☐ Yes ☐ No				
Will you distribute printed materia	☐ Yes ☐ No								
Is there any reason to believe the (If yes, please explain on a se		☐ Yes ☐ No							
	s or offer items for sale? (These a	ctivities may require	an addition	nal permit.)	☐ Yes ☐ No				
You are encouraged to attach a	additional pages with informatio	n useful in evaluati	ng your pe	ermit request in	cluding: staging,				
	curity plans, sanitary facilities, crow	vd control, emergency	y medical p	olan, use of any l	ouilding, site clean-				
up, etc.									
The applicant by his or her signa information or statements have b	ture certifies that all the information een given.	n given is complete a	nd correct,	, and that no fals	e or misleading				
Printed Name			Title						
Signature			Doto						
Signature			Date						

### **NOTICES**

#### IMPORTANT NOTICE TO APPLICANT

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. Send the completed application along with the application fee in the form of a cashier's check, money order or personal check made payable to the <u>National Park Service</u> to Martin Luther King, Jr. National Historical Park 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 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.

# **Customers Making Payment by Personal Check**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

# **Privacy Act Statement**

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this application.

Authority: The authority to collect information on the attached form is derived from Title 31, United States Code, Section 7701.

**Purposes and Uses:** The information being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**Effects of Nondisclosure:** It is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a Special Use Permit

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. 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). Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting and verifying your SSN is Executive Order 9397. The information gathered through the use of the SSN will be used only as necessary for processing this application and will be carried out in accordance with established regulations and published notices of system of records.

# **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 aspects of this form, to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.

OMB Control No. 1024-0026

Expiration Date 01/31/2020