



APPLICATION FOR SPECIAL USE PERMIT
UPPER DELAWARE SCENIC & RECREATIONAL RIVER
274 RIVER ROAD
BEACH LAKE, PA 18405-4046
upde_permits@nps.gov, 570-729-7134



Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$100 will be billed separately via Pay.gov once we receive your application unless the requested use is an exercise of a First Amendment right. You must allow six weeks 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 Information	Company/Organization Information
Applicant Name:	Company/Organization Name:
Social Security Number*: N/A	Tax Identification Number*:
Street Address:	
City:	City:
State:	State:
Zip Code:	Zip Code:
Country:	Country:
Telephone Number:	Telephone Number:
Cell Phone Number:	Contact Name:
Fax Number:	Fax Number:
Email Address:	Email Address:

Activity Details

Description of Proposed Activity (attach diagram and/or additional pages, if necessary)

Location Details

Requested Location

Equipment Details

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

Timing

Set-Up Begins	Activity Begins	Activity Ends	Removal Completed
<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date:</i> <i>Time:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
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Vehicles & Participants

If using any vehicles, attach a parking plan to this form.

Type	Maximum Number
Participants (best estimate)	
Cars	
Vans/Light Trucks	
Utility Vans/Trucks	
Buses/Oversized Vehicles	

Support Personnel

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

Name	Address	Cell Phone Number

Individual in Charge

Individual in charge of activity onsite who is authorized to make decisions related to the permitted activity

Name	Cell Phone Number

Activity Questions

Is this an exercise of First Amendment Rights? Yes No

Have you visited the requested area? Yes No

Do you plan to advertise or issue a press release before the event? Yes No

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.) Yes No

Will you distribute printed material? Yes No

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.) Yes No

Do you intend to solicit donations or offer items for sale?
(These activities may require an additional permit.) Yes No

Is this permit to carry out a Good Samaritan Search and Recovery Mission? Yes No

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.

Name	
Title	
Signature	
Date	