



National Park Service
 U.S. Department of the Interior
 Wind Cave National Park

Commercial Use Authorizations

26611 US HWY 385
 Hot Springs, SD 57747
 605 745-4600 phone
 605 745-1284 fax

Commercial Use Authorization Application - 2012

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.)

- | | |
|--|--|
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> NON-PROFIT W/ TAXABLE |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP/ASSOCIATION |
| <input type="checkbox"/> GOVERNMENT/STATE AGENCY | |
| <input type="checkbox"/> 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 _____

APPLICANT'S E-MAIL _____
 (All official correspondence will be sent to this address)

NATURE OF BUSINESS _____

(Please give a brief description of service, e.g. motor coach operator, step-on-guide, tour broker, guided bicycle tours, narrated van tours, use additional sheets if necessary- **IF WE DO NOT HAVE ENOUGH INFORMATION WE CANNOT ISSUE A PERMIT.**)

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

INSURANCE

NAME OF INSURANCE CARRIER/UNDERSWRITER: _____

Please attach your insurance certificate and endorsement.

Applicants must obtain liability coverage **BEFORE** a permit can be issued. The minimum required liability coverage for bodily injury is \$1,000,000 per occurrence. Speak with your insurance agent for more information.

ADDITIONAL INFORMATION

• Will you be using any type of **VEHICLE** within park boundaries in your operation? NO YES

• If "YES," do you own the vehicle? NO YES N/A

If "YES," please complete the following chart. Use additional sheets if necessary. If you are a motor coach operator with numerous vehicles, complete this form indicating the vehicle type as "motor coach" with maximum passenger capacity (e.g., 55) and in the space marked "Vehicle License #" either indicate that a list of insured vehicles is attached or indicate that this information is not available but that all vehicles used are properly licensed and each **lists the U.S. Government as an additional insured.**

VEHICLE TYPE	MAXIMUM PASSENGER CAPACITY	VEHICLE LICENSE #

1. 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

2. Is the company (entity) or any of the owners of the business the subject of any pending proceeding alleging any violation of federal, state, or local law or regulation? NO YES

3. Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for violation of any federal, state or local law or regulation, or are any such current or proposed employees the subject of any pending proceeding alleging any violation of federal, state, 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 a Commercial Use Authorization.)

If you answered "YES" to any of the above three 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

PLEASE REMIT THE NON-REFUNDABLE APPLICATION FEE OF \$50.00 WITH THIS FORM. IF APPROVED, 2012 CUA cost is \$200. Only checks accepted. Make payable to the National Park Service. Credit cards are NOT accepted for payment.

Mail to: Wind Cave National Park, CUA Program Manager, 26611 US HWY 385, Hot Springs, SD 57747

Fax: 605-745-1284