



National Park Service
U.S. Department of the Interior

Acadia National Park
Concessions Office

P. O. Box 177
Bar Harbor, ME 04609

207 288-8705 phone
207 288-8709 fax

Commercial Use Authorization Application - 2009

(Incidental Business Permit)

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 _____
- NON-PROFIT W/ TAXABLE INCOME
 - NON-PROFIT W/O TAXABLE INCOME

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. Avoid general mailbox addresses.)

NATURE OF BUSINESS _____
(Please give a 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. Please, be specific.

*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. Refer to the Insurance Information Sheet for more information. The minimum required liability coverage for bodily injury is \$500,000 per occurrence. The minimum coverage for tour buses with passenger capacity exceeding 51 is \$2 million per occurrence.

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" for either question above, please complete the following chart. Use additional sheets if necessary. If you are a motorcoach operator with numerous vehicles, complete this form indicating the vehicle type as "motorcoach" 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 #

• 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 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 Incidental Business Permit 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, IF APPLICABLE (Motorcoaches, while required to have a permit, are not charged the permit fee. However, all motorcoaches must pay the \$150 commercial tour fee each visit while operating in the park.)

Make remittance payable to Dept of Interior, National Park Service - Credit cards are NOT accepted for payment.

Mail to Acadia National Park, Concessions Office, P.O. Box 177, Bar Harbor, ME 04609; or **fax to** 207-288-8709; or send **electronically** with scanned signature to **elizabeth_weston@nps.gov**.