



**Buffalo National River**

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**Annual Survey/Gross Receipts Report**  
**Commercial Use Authorization**

**Due Date: Must be postmarked by December 15<sup>th</sup>      Year: \_\_\_\_\_**

**Business Name: \_\_\_\_\_**

**If you did not operate, CHECK HERE \_\_\_\_ and complete Items 6 & 7**

1. Please check the services you provided to your clients/park visitors:

\_\_\_\_\_ Guided Hiking

\_\_\_\_\_ Guided Camping

\_\_\_\_\_ Guided Rappelling

2. This form is required of "Out-of-Park" Commercial Use Authorization Holders engaging in the incidental use of park area resources. "Incidental Use" means that all services under the CUA must:

- (A) Originate and terminate outside of the park boundary (or within your in-holding); and
- (B) Involve no solicitation of customers, sales, or making/receiving payment for commercial services while you are within park boundaries.

Are your services in the park "Incidental Use" as described above? Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO", please explain: \_\_\_\_\_

3. What percentage of your service occurred on park lands? \_\_\_\_\_%  
(If you have an in-holding in the park, this applies to the time when you are Off your in-holding and ON park lands.)

4. What were your annual gross receipts generated as a result of operating within the park?

\$\_\_\_\_\_

5. What method of calculation did you use to estimate the annual gross receipts in number 4 above? (Example: Rate x number of clients x number of days)

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6. If you did not operate this year, please check the reason(s):

Inclement Weather

Clients cancelled trip

Other: \_\_\_\_\_

7. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Title: \_\_\_\_\_

**Thank you for providing this information.  
Please mail or fax this form to:**

**Buffalo National River  
Attn: Concessions Management Office  
402 N. Walnut Street, Suite 136  
Harrison, AR 72601  
OR  
FAX: 870-365-2701  
OR  
BUFF\_Superintendent@nps.gov**