

**APPLICATION FORM
COMMERCIAL USE AUTHORIZATION
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service
Channel Islands National Park
Attention: Concessions Program
1901 Spinnaker Drive
Ventura, CA 93001
(805) 658-5717**

(Please type or print in ink. Answer all questions completely and mark "N/A" if not applicable.)

Application Form

IMPORTANT: Before completing this application, please refer to **"IV. Approved Commercial Visitor Services"** located on pages 4-5 of the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact the park at (805) 658-5717.

For which year(s) is the Commercial Use Authorization (CUA) being requested? _2013/2014_

(1) **Applicant** (Legal Business Name)

(2) **What is your Business Type** (Check applicable box and fill in any applicable blanks):

A. Sole Proprietor

B. Corporation: (State: _____ Entity Number _____)

C. Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

D. Partnership/Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

(Name _____)

(Name _____)

E. Other (Specify) _____

Note: If the business is a non-profit (within the terms of the Internal Revenue Code, as determined by the IRS) that will not derive taxable income from the authorized use, then you are not required to obtain a CUA. However, a non-profit organization must state in writing to the Superintendent that the organization will derive no taxable income from the

authorized use and, if requested, must further substantiate this statement to the satisfaction of the Superintendent. Non-profit entities may be required to obtain a Special Use Permit for their activity even if they are not required to obtain a CUA. Please contact the park for additional information concerning this issue.

(3) **Mailing Addresses:**

Address: _____
City, State, Zip _____
Email: _____
Internet web site: _____
Day Phone: _____ Evening Phone: _____
Fax: _____

(4) **Your Tax Identification Number:** _____

(5) **Provide the name(s) of the registered agent for service of process for the Applicant (if applicable):**

(6) **(a) Is the Applicant (including any officer, principal, partner or employee of the Applicant) employed by the National Park Service? Yes No.**

If Yes, complete below:

Title _____

Park / Office where employed _____

(b) Does the Applicant (including any officer, principal, partner or employee of the Applicant) have any spouse or minor children employed with the National Park Service?

Yes No

If Yes,

Title _____

Park / Office where employed _____

(7) **Does the Applicant have a current business license issued by the city or county in which the Applicant is located? Yes No**

If Yes, complete the following and attach a copy of the current business license:

Business License Number: _____ **Issued by:** _____

Effective date: _____ **Expiration date:** _____

If No, explain why: _____

(8) **Names of employees who will work under the authority of the CUA, if issued:**

Names:	Titles or Position: <i>(e.g. Guide, Pilot, Boat Operator, Driver, etc)</i>

(9) **If applicable - Provide Vessel description and specifications.**

If applicable - Provide current US Coast Guard inspection certification for passenger carrying vessel.

If applicable – Provide current US Coast Guard licenses for Captain and crew.

(10) **Has the Applicant (current entity) , parent company, any of the principals of the Applicant (whether as a principal or employee of the company or otherwise), or any of your current or proposed employees at any time in the last five years been convicted of or forfeited collateral for any violations of any state, Federal, or local law or regulation?**

Yes No.

If "yes", give a description of each alleged violation. Attach additional sheets if necessary.

Date of Violation: _____
 Place of Violation? _____
 Who is the Charge against? _____
 Who made the Charge(s)? _____
 Provide Details of charge(s)? _____
 Current Status: _____

(11) **Accident History.** Detail any accidents within the last five years that resulted in damages and/or claims to persons, property or the environment of \$1,000 or more that were brought against the Applicant (current entity, parent company, any of the principals of the company (whether as a principal or employee of the company or otherwise), or any of your current or proposed employees. List each accident and give the name of the person, date and place of occurrence, a copy of any relevant accident or incident reports, and explain what actions were taken to prevent the accident from being repeated in the future. If none, so state.

(12) **SELECTING YOUR COMMERCIAL VISITOR SERVICE**
Complete the appropriate Appendix specific to your service and attach to this application.
 Issuance of any CUA is subject to terms and conditions, which must be accepted in writing by the CUA Holder. The terms and conditions applicable to each of the various types of commercial service for which CUAs may be issued are included in the draft CUA for the approved commercial service for which the Applicant is applying. Copies of these draft CUAs are

available at [describe where]. Applicants must agree in advance, as part of their application, to accept (if the CUA is issued) the terms and conditions applicable to the CUA for which the applicant is applying. **Applicants should carefully review these terms and conditions, as they set out the CUA Holder's rights and obligations in the event that a CUA is issued.** Among other things, CUA Holders are required to carry specified types and levels of insurance and to indemnify and hold harmless the United States from liabilities in connection with the CUA. Applicants must accept any issued CUA in writing no later than thirty working days after that CUA is issued by the National Park Service. Applicant also understands that a minimum operational level of 400 paid client days per year must be met in the first year in order to maintain the authorization for the following calendar year.

- (13) The Applicant's signature set forth below indicates (1) the person signing the Application has the authority to commit the Applicant to all the provisions of the draft CUA for the activity being applied for and any proposals made in the Application; (2) the Applicant agrees to comply with all of the terms and conditions of the Draft CUA as attached hereto; (3) the Applicant certifies the information furnished in the Application is complete, true and correct and recognizes that false statements may subject the Applicant to criminal penalties under 18 U.S.C. 1001 and may be grounds for denial or revocation of the CUA. The NPS will review the entire Application Form, Appendix, and any other attachments to determine whether your application accepts without condition the terms and conditions of this Draft CUA. If not, your application may be rejected without further consideration.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature

Printed Name

Date

Title