



Commercial Use Authorization Application

Name: _____ SSN or Fed Tax ID #: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address (if different from mailing address): _____

City/State/Zip: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Pager: _____

Email: _____ Website URL: _____

Business is being conducted as (check one):

Sole Proprietorship Partnership Corporation Limited Liability Company

Person(s) authorized to sign on behalf of the business (name and title): _____

Type of Service(s) to be offered (please check all that apply):

Kayak/Canoe Tours/Instruction	Photography Instruction	Outdoor Skills
Rock Climbing	River Rafting	Bird Watching
Hiking	Equestrian	Mountain Biking
Other (Please Explain)		Fitness Training

Description of Service(s) to be offered under the CUA (# of participants, frequency, adult participants or minor children participants):

Location(s) for Service(s): _____

If conducting activities in Dyke Marsh Wildlife Preserve, please list the proposed dates for activities:

Type of vehicles to be used in conducting the commercial activity and carrying capacity of each:

I certify the information provided on this form is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____