

**APPLICATION FORM  
COMMERCIAL USE AUTHORIZATION**



U.S. DEPARTMENT OF THE INTERIOR  
National Park Service  
Bighorn Canyon National Recreation Area  
Attention: Kevin Tillman  
5 Avenue B, PO Box 7458  
Ft. Smith, MT 59035  
(406) 666-3304

This Commercial Use Authorization (CUA) is to authorize the provision of (Business Name or Activity) \_\_\_\_\_, at Bighorn Canyon National Recreation Area for the \_\_\_\_\_ to \_\_\_\_\_ operating seasons.

One CUA will be issued for the provision of (description of the activity being conducted, e.g. tour boat, guided trail service, transportation).

Commercial Use Applications must be sent to Kevin Tillman, Chief Ranger, 5 Avenue B, PO Box 7458, Fort Smith, MT 59035. An application/administrative fee of \$ **75.00** dollars is due with the application packet. Please make the check or money order payable to: **National Park Service**.

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

1. Applicant (Legal Business Name): \_\_\_\_\_

2. What is your business type? (Please check one below):

A.  Sole Proprietor

B.  Partnership. (Print the names of each partner. If there are more than two partners, please attach a complete list of their names)

Name:

Name:

- C. \_\_\_ Corporation: State:\_\_\_\_\_ Entity Number:\_\_\_\_\_
- D. \_\_\_ Limited Liability Company
- E. \_\_\_ Non-Profit. Please attach a copy of your IRS Ruling or Determination Letter
- F. \_\_\_ Other (Specify)

3. Mailing Address

Street Address/PO Box Number:		
City:	State:	Zip:
Email:		
Telephone #:	Cell #:	Fax #:

4. Employers Tax Identification or Social Security #:\_\_\_\_\_

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

5. Provide the name(s) of the authorized agent(s) for this business.

Name of Authorized Agent	Title of Authorized Agent

6. Names of employees who will work under the authority of your CUA

Name of Employee	Title or Position (e.g. driver, boat captain, maintenance worker, clerk)

7. Name of Insurance Carrier/Underwriter:\_\_\_\_\_

*(Please attach your insurance certificate and endorsement)*

Applicants must obtain liability coverage BEFORE a permit can be issued. Minimum required liability coverage for bodily injury is \$ 500,000 per occurrence. The policy must be underwritten by a United States company naming the National Park Service, Bighorn Canyon National Recreation Area, 5 Avenue B, Fort Smith, Montana 59035 as additionally insured.

8. 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
9. 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
10. 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) Name, 2) Date, 3) Charge, 4) Place, 5) Court, 6) Action Taken.

ITEM #	NAME	DATE	CHARGE	PLACE	COURT	ACTION

11. Signature: False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (US Code Title 18 Section 10010. All information provided will be considered in reviewing this application.

*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.*

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Signature

date

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Printed Name