

Concessions Operations

Buffalo National River

National Park Service
U.S. Department of the Interior



Buffalo National River

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COMMERCIAL USE AUTHORIZATION (CUA) APPLICATION

Application DUE DATE

Please submit the application at least **30 days in advance of your proposed start date**. Applications not received with that timeframe will still be processed, however, there may be a delay in issuing the CUA by your proposed start date.

FOR OFFICE USE ONLY

CUA# _____
Received: _____
Check# _____
Amount: _____

This application is for “out-of-park” commercial visitor services that must originate and terminate outside of the boundaries of the park area or within an inholding. Activities such as advertising, soliciting business, collecting fees or selling any goods or services within the park boundaries are **NOT** allowed.

PLEASE TYPE OR PRINT IN INK.

ANSWER ALL QUESTIONS COMPLETELY OR MARK “N/A” IF NOT APPLICABLE

1) This CUA request is for: _____ (year)

2) Business Name

3) Doing Business As (DBA) Not Applicable

4) What is your Business Type (Please check appropriate box below)?

- Corporation (State: _____)
 Sole Proprietorship
 Partnership (Names: _____)
 Other (Specify Type _____)

5) Contact Information (YEAR-ROUND)

Address			
City	State	Zip	Country
Ph (day)	Ph (eve)	Fax	
Email	Web		

Contact Information (SUMMER)

Same As Year-Round

Address			
City	State	Zip	Country
Ph (day)	Ph (eve)	Fax	
Email	Web		

6) Are you, your spouse or minor children currently employed by the National Park Service (NPS)?
 No Yes If you answered “yes, please give details below:

(1) Name, Title & Park Unit: _____

(2) Name, Title & Park Unit: _____

7) RESERVED

8) Please provide NAMES and TITLES of all owners and employees, including the person completing the application if they are an employee, or owner, guide, etc.

Note: First Aid and/or CPR certification is required.

Name (All Owners and Employees)	Title	First Aid Cert Expires	CPR Cert Expires	Certifying Agency (e.g.: American Red Cross)
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	
		Month _____ Year _____ N/A _____	Month _____ Year _____ N/A _____	

9) Will your business operate motor vehicles (cars, trucks, van, bus, etc) within NPS boundaries?

No Yes

Please provide information on your motor vehicles which will be used under the CUA.

MAKE OF VEHICLE	YEAR	MODEL	COLOR	MAX # PASSENGERS	OWN	LEASE

10) CHOOSING YOUR PARK ACTIVITIES AND LOCATIONS.

Use the spaces below to provide information on your proposed trips.

(Type of Activity: GC = Guided Camping; GH = Guided Hiking; GR = Guided Rappelling)

Type of Activity	<u>Locations</u> within the park to be used for this activity:
_____	_____
_____	_____
_____	_____

What is the estimated number of guides per trip? _____ Clients per trip _____
(Check Page 5 of the Instructions (Table 3) to verify you are not exceeding any group size limits.)

- What date would you like to start your first trip? _____
- Have you obtained all required State and/or other Federal agency permits/approvals, if any, to conduct these activities? No Yes N/A *(eg. State fishing license, etc.)*

11) Within the past 5 years, have you, the company (business entity) or any individual serving as an officer, principal, partner or employee with this business entity or any previous business entity, been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?

Yes No

Date of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Business or person(s) _____

Place of Violation? _____

Court Name _____

Give Details _____

(Results) Action Taken by Court _____

12) Is the company (current entity) or previous business entity, or any owners of this business entity or previous business entity now under charges for any violation of state, Federal, or local law or regulation?

Yes No (This not include minor traffic violations)

Date of Violation: _____

Place of Violation? _____

Who is the Charge against? _____

Who made the Charge(s) _____

Give Details of charge(s) _____

Current Status: _____

13) 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?

Yes No (*Employees identified below may be precluded from working for the operator)

Date of Violation: _____, Place of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Employees or Proposed Employees Involved _____

Place of Violation? _____

Court Name _____

Give Details _____

Current Status _____

14) Visitor “Acknowledgement” of Risks (Waivers of Liability are not allowed under the CUA)

It is the CUA Holder’s choice whether or not any form or document is used requesting or requiring clients to sign an acknowledgement of any inherent risks associated with participating in the permitted activities, however **Waivers of Liability are not allowed under the CUA.** *The business as named in item #1 on the front of the application will (check below):*

a) _____ Require clients to sign a statement or document acknowledging (not a waiver) the inherent risks involved with participating in activities authorized under the CUA. If item “a” checked, please enclose a copy for NPS review and approval.

b) _____ Not require or request clients to sign an acknowledgement of inherent risks involved with participating in the activities in Buffalo National River.

Please Note: Under the CUA, clients **may not** be required or requested to sign any type of **Waiver of Liability**, insurance disclaimer and/or indemnification (hold-harmless) agreement.

15). Operating Plan – Guided Rappelling only

Please attach a copy of your Operating Plan including but not limited to: Previous rappelling experience, current medical certification, guide qualifications/certifications, emergency operations plan, safety plan, environmental and cultural education, and how clients with disabilities will be accommodated.

16) Estimated Gross Receipts

Please provide an estimate of the annual gross receipts that you anticipate will be generated as a result of operating within the park. \$ _____

17) 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 (U.S. Code, Title 18, Section 1001). 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.

Signature: _____

Printed Name _____

Title: _____

Date: _____

Buffalo National River

Check List for Submitting Application Packet for **Commercial Use Authorization**

DUE DATE: Please submit the attached Application at least ***30 days in advance of your proposed start date*** to allow sufficient processing time. Applications not received within that timeframe will still be processed; however the permit may not be issued by your proposed start date.

Business Name: _____

1. ___ Completed & Signed Application
2. ___ Fee Payment (made payable to: National Park Service)
3. ___ Insurance Certificate (with US Government as an additional insured)
4. ___ Visitor Acknowledgement of Risk (if used)
5. ___ Proof of First Aid/CPR
6. ___ **Rappelling Guides** must submit an Operating Plan.

Mail this Application and Fee Payment to:

**Buffalo National River
Concessions Office
402 N. Walnut, Suite 136
Harrison, AR 72601**