

**U.S. DEPARTMENT OF THE INTERIOR**

**NATIONAL PARK SERVICE, Southeast Region**

**Cape Lookout National Seashore**



***2013 COMMERCIAL USE AUTHORIZATION APPLICATION***

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

**APPLICANT'S (OWNER'S) NAME** \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE** \_\_\_\_\_

**OFFICIAL BUSINESS NAME (S)** \_\_\_\_\_  
(Authorized name under which permit is to be issued)

**NATURE OF BUSINESS** \_\_\_\_\_  
(Brief description of service)  
\_\_\_\_\_  
\_\_\_\_\_

**OPERATING DATES/TIMES** \_\_\_\_\_  
(Open/close dates; daily schedule)

**DEPARTS FROM/TO** \_\_\_\_\_

**\*TAX PAYER ID # - OR  
SOCIAL SECURITY NUMBER** \_\_\_\_\_

**PRIMARY ADDRESS** \_\_\_\_\_  
(Business Address)  
\_\_\_\_\_

**ALTERNATE ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL / INTERNET ADDRESS** \_\_\_\_\_

**PRIMARY TELEPHONE NUMBER** \_\_\_\_\_

**ALTERNATE TELEPHONE NUMBER (CELL)** \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_

**AS AN APPLICANT, ARE YOU:** (Mark one box with "X")

- INDIVIDUAL
- CORPORATION
- PARTNERSHIP/ASSOCIATION
- GOVERNMENT/STATE AGENCY
- OTHER \_\_\_\_\_

If you are an INDIVIDUAL or PARTNERSHIP, are you also a citizen(s) of the United States?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

**You are required to carry liability insurance to provide protection for visitors you serve within National Park Service areas. The insurance policy must contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States. If this is not possible, the United States of America, National Park Service, Cape Lookout National Seashore must be named on the policy as an additional insured. See example insurance certificate enclosed. Original Insurance Certificates MUST be sent directly from your insurance agent to the park, as ANY notice of insurance change, renewal or cancellation. Insurance certificates and notices may be electronically sent to CALO\_Concessions@nps.gov**

**Applicants must obtain liability coverage BEFORE an Commercial Use Authorization can be issued. Refer to the Insurance Information Sheet (enclosed) for required minimum coverage amounts.**

**Will you be using any type of WATERCRAFT and/or VEHICLES within park boundaries in your operation?**

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, Please complete the following chart.

WATERCRAFT TYPE	MAXIMUM PASSENGER CAPACITY	REGISTRATION #/ NAME

VEHICLE TYPE	MAXIMUM PASSENGER CAPACITY	VEHICLE VIN#

**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? \_\_\_\_\_.**

**Is the company (entity) or any of the owners of the business now under charges for any violation of state, federal, or local law or regulation? \_\_\_\_\_.**

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? \_\_\_\_\_. (IF “YES”, YOU MAY BE REQUIRED TO EXCLUDE THOSE EMPLOYEES FROM WORKING IN ANY CAPACITY RELEVANT TO THOSE ACTIVITIES AUTHORIZED BY AN COMMERCIAL USE AUTHORIZATION PERMIT.)

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS IN THE SPACE BELOW. FOR EACH VIOLATION, WRITE THE: 1) Individual’s Name, 2)Date, 3) Charge, 4) Place, 5) Court 6) Action Taken.

ITEM #	INDIVIDUAL’S NAME	DATE	CHARGE	PLACE	COURT	ACTION

False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization (CUA) and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information you provide will be considered in reviewing this application.

**EMPLOYEE LIST**

NAME	ADDRESS	TELEPHONE NUMBER	CERTIFICATIONS

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT  
(Attach proof of Agency if not the owner)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**PLEASE REMIT PAYMENT WITH YOUR APPLICATION  
INCLUDE APPROPRIATE FEDERAL AND STATE CERTIFICATIONS  
MAKE THE REMITTANCE PAYABLE TO:  
National Park Service  
Cape Lookout National Seashore  
131 Charles Street  
Harkers Island, NC 28531-9665**