

**Department of the Interior
National Park Service
Capitol Reef National Park**

Incidental Business Permit Annual Survey

Permittee Name: _____

Company Name: _____

Address: _____

Expiration Date: _____ IBP Number _____

1. What service do you provide to the park visitor? _____

2. How many visitors/clients did you serve within the park? _____

3. How many days did you and your clients spend in the park? _____

4. Is the park or its resources a primary or exclusive destination? _____

5. Is the park only incidental to the service you provide? _____

If the answer is yes, why? _____

6. What are the annual gross receipts generated as a result of being in the park?

7. How is the answer to #6 calculated? _____

**If you have not done so, please complete and return this form upon culmination of business for the previous year, but return the form not later than February 1.
Thank You.**