

COMMERCIAL USE AUTHORIZATION
U.S. DEPARTMENT OF THE INTERIOR
Death Valley National Park
Concession's Management Office
PO Box 579
Death Valley, CA 92328

COMMERCIAL USE AUTHORIZATION (CUA) 2013 ANNUAL REPORT

Park Name:	<u>DEATH VALLEY NATIONAL PARK</u>		
Name:			
Expiration Date:	<u>December 31, 2013</u>		
Permit Number:	DEVA-		
Company Name:			
Address:			
Telephone Number:		Email Address:	

1. What service do you provide to the Park visitor?

2. How many visitors do you serve per year within the Park area?

3. How much time do you or your customers spend in the Park (days/hours)?

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

5. Is the Park only incidental to the service you provide? ____ Yes ____ No

If the answer is yes, why?

6. What percent of the activity actually takes place in the Park overall?

7. How many trips did you provide to how many visitors?

Month	Number of Trips	Number of Visitors
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		
Annual/Total		

8. What are the annual gross receipts generated as a result of being in the Park?

9. How is the answer to #8 calculated? _____