

**PART 1:
GENERAL INFORMATION FORM**

**APPLICATION FOR A
COMMERCIAL USE AUTHORIZATION
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service
Grand Canyon National Park
Attention: Molly Schroer, CUA Program Manager
PO Box 610
Grand Canyon, Arizona 86023
(928) 638-7707**

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

- (1) **Identify the specific type of commercial service for which authorization is sought:**

A supplemental category-specific form ("Category-Specific Form") for that service must be completed and attached to this General Information Form. Indicate the name of any attached Category-Specific Forms:

- (2) **Applicant** (Legal Business Name)

- (3) **What is the legal form of the Applicant** (Please check one below):

A. Sole Proprietor

B. Corporation: (State: _____ Entity Number _____)

C. Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

D. Partnership/Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

(Name _____)

(Name _____)

E. Other (Specify) _____

(4) **Applicant Contact Information:**

SUMMER CONTACT INFO (Dates at this address _____)

Name and Title: _____
Address: _____
City, State, Zip: _____
Email: _____
Internet: _____
Day Phone: _____ Evening Phone: _____
Fax: _____

WINTER CONTACT INFO (Dates at this address _____)

If same as “Summer Contact Info”, check here rather than re-state below.

Name and Title: _____
Address: _____
City, State, Zip: _____
Email: _____
Internet: _____
Day Phone: _____ Evening Phone: _____
Fax: _____

(5) **Applicant Mailing Address:**

SUMMER ADDRESS (Dates at this address _____)

If same as “Summer Contact Info”, check here rather than re-state below.

Address: _____
City, State, Zip: _____
Email: _____
Internet: _____
Telephone: _____ Facsimile: _____

WINTER ADDRESS (Dates at this address _____)

If same as “Winter Contact Info”, check here rather than re-state below.

Address: _____
City, State, Zip: _____
Email: _____
Internet: _____
Telephone: _____ Facsimile: _____

(6) **Employer’s Identification Number of the Applicant:**

(7) **Provide the name(s) of the registered agent for service of process for the Applicant (if applicable):** _____

- (8) **(a) Is the Applicant (including any officer, principal, partner or employee of the Applicant) employed by the National Park Service?** Yes No.
If Yes, complete the following:

Title _____

Park / Office where employed _____

- (b) Does the Applicant (including any officer, principal, partner or employee of the Applicant) have any spouse or minor children employed with the National Park Service?** Yes No

If Yes, complete the following:

Title _____

Park / Office where employed _____

- (9) **Does the Applicant have a current business license issued by the city or county in which the Applicant is located?** Yes No

If Yes, complete the following and attach a copy of the current business license:

Business License Number: _____ **Issued by:** _____

Effective date: _____ **Expiration date:** _____

If No, explain why: _____

- (10) **Names of employees who will work under the authority of the CUA, if issued:**

Names:	Titles or Position: <i>(e.g. Staff, Repair Specialist, Cashier, etc)</i>

- (11) **Currently or within the past 5 years, has the Applicant (including any officer, principal, partner or employee of the Applicant) been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?** Yes No.
If "yes", please give a description of each violation. Attach additional sheets if necessary.

Date of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Business or person(s) _____

Place of Violation? _____

Court Name _____

Provide Details? _____

(Results) Action Taken by Court _____

- (12) ***Within the past 5 years, have any of the Applicant's 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.

If "yes", please give a description of each violation. Attach additional sheets if necessary.

*(*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 _____

- (13) **Within the past 5 years, have any of the Applicant's current or proposed employees been involved with a bicycle rental accident that resulted in injury or death?**

Yes No.

If "yes", please give a description of each accident. Attach additional sheets if necessary.

Date of accident: _____ Place of Accident: _____

Did accident result in a Fatality? Yes No

Did the victim(s) make a full recovery? Yes No

Name of Employees or Proposed Employees Involved _____

Was there litigation resulting from the accident?

Court Name _____

Give Details? _____

Current Status _____

- (14) **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. Applications signed by an agent must be accompanied by evidence of that agent's authority.

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

Date

Printed Name

Title