

**National Park Service
 Haleakala National Park
 P.O. Box 369 Makawao, HI 96768
 Phone 808-572-4440 Fax 808-572-4438**



Application for Special Use Permit (Wedding)

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** We notify you of the disposition of the application and the necessary steps to secure your final permit. For special events, a non-refundable processing fee should be included and your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured. Pursuant to the 2010 NPS Interim Regulations, parks have up to 10 days to process a fully executed application that seeks to engage in a demonstration or the sale or distribution of printed matter.

Applicant Name (print):	Organization Name (if applicable) (print):
Social Security #: (Only required if making application fee payment by check)	Authorized Representative (print): (Include Letter of Designation with this Application)
Street/Address (print):	Tax ID #
City/State/Zip Code (print):	Street/Address (print):
Telephone #:	City/State/Zip Code (print):
Cell phone #:	Telephone #:
Fax #:	Cell phone #:
E-mail (print):	Fax#:
	E-mail (print):

Description of Proposed Activity (attach diagram, attach additional pages if necessary):

Wedding Ceremony (provide details of the event) . . .

Requested Location(s) (Note: The NPS shall not approve any activity in Hosmer Grove):

Date(s): _____

Event set up will begin: (date and time)	Event will begin: (date and time)	Event will end: (date and time)	Removal will be done: (date and time)

Maximum Number of Participants: _____ (Please provide best estimate)

Maximum Number of Vehicles: _____ (attach parking plan)

Support Equipment (list all equipment; attach additional pages if necessary):

Name: (print) _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

List support personnel (contractors i.e., Caterer, Officiating Person, Photographer, etc. including addresses, and telephones attach additional pages if necessary): _____

On-Site Individual in charge of event: (include address, telephone and cell phone numbers):

- Is this an exercise of First Amendment Rights? Y N
- Are you familiar with/ have you visited the requested area? Y N
- Have you obtained a permit from the National Park Service in the past?
(If yes, provide a list of permit dates and locations on a separate page.) Y N
- Do you plan to advertise or issue a press release before the event? Y N
- Will you distribute printed material? Y N
- Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(If yes, please explain on a separate page.) Y N
- Do you intend to solicit donations or offer items for sale?
(These activities may require an additional permit.) Y N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

Information provided shall determine whether the NPS will issue a permit. The completed application shall be accompanied by payment of an Application Fee for **\$150.00 (USD)**. Payment by credit card (preferred method), over the phone may be arranged by contacting the Business & Revenue Office. Payment in the form of a cashiers check or money order shall be made payable to **National Park Service**. Application and administrative charges are non-refundable. The NPS shall not consider applications until payment of the Application Fee.

Businesses/Organizations: Application shall be accompanied with a copy of the Business/Organization Commercial Liability Insurance Certificate (CLI) underwritten by a United States Company, or a company holding a Certificate of Authority for the State of Hawai'i, showing a minimum coverage for Commercial Liability of \$1,000,000 (\$1M) each occurrence. The CLI shall also show a minimum coverage for Automobile Liability of \$500,000 Combined Single Limit for All Owned Autos, Hired Autos, and Non-Owned Autos. The CLI shall show Policy Number(s). Binders are not acceptable and Policy EFF/EXP shall cover the period requested in the application. The United States Government/Haleakalā National Park shall appear on the Certificate as Additionally Insured. The CLI shall be signed by an Authorized Representative.

Scan this completed application as a .PDF and email (preferred method) to hale_commercial_manager@nps.gov. You may mail this completed application to **Business and Revenue Program Specialist** at the Park address found on the first page of this application.

Note: This is an application only, and does not serve as permission to conduct any use of the park. If your request receives approval, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit shall be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number or activities subject to collection of fees by the National Park Service (31 U.S.C. 7701) Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement): This information is being collected subject to the Paperwork Reduction Act (44 U.S.C. 3501) to allow the park manager to make a value judgment on whether or not to allow the requested use. This information collection is required to obtain or retain a benefit. All applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 45 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240