



COMMERCIAL USE AUTHORIZATION APPLICATION



Indiana Dunes National Park
1100 N. Mineral Springs Road
Porter, IN 46304
ATTN: Steve Rossi
Phone Number: (219) 395-1844
E-mail: INDU_permits@nps.gov

Refer to application instructions at the end of this application. Some parks have additional requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include applicable operating licenses, certificates showing proof of training, operating plans, emergency response plans, group size limitations, etc.

- Service for which you are applying:** *[attach diagram, attach additional pages, if necessary, include locations within the park, frequency, estimated number of participants (per trip and annually), number of vehicles, support equipment (trailers, generators, etc.)]*
- Will you be providing this service in more than one park?** Yes No *If "Yes", list all parks and services provided.*
- Applicant's Legal Business Name:** *[Include any additional names (DBA) under which you will operate.]*
- Owner and Authorized Agents:** *(Give the name(s) of the owners and name(s) of the persons designated as Authorized Agents for your business. Authorized Agents have the power to sign on your behalf.)*

5. Mailing Addresses

PRIMARY CONTACT INFORMATION *(Dates to contact you at this address, if seasonal.)*

Address:

City, State, Zip:

Email:

Website:

Day Phone:

Evening Phone:

Fax:

ALTERNATE CONTACT INFORMATION *(Dates to contact you at this address, if seasonal.)*

If same as "Primary Contact Information, check here and go to question 6.

Address:

City, State, Zip:

Email:

Website:

Day Phone:

Evening Phone:

Fax:

6. What is your Business Type? *(Please check one below)*

- Sole Proprietor
- Partnership *(Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)*

Name:

Name:

- Limited Liability Company
- Corporation
- Non-Profit *(Please attach a copy of your IRS Ruling or Determination Letter)*

Other

7. Business License – State and Number:

Expiration Date:

8. Employer Identification Number (EIN):

9. Liability Insurance:

Provide proof of liability insurance. The CUA operator must maintain General Liability insurance naming the United States of America as additional insured. Minimum coverage amount is \$500,000 per occurrence. Some activities will require increased coverage or other types of liability insurance; see Park-Specific CUA Insurance Requirements ("Attachment A").

10. Will your business operate vehicles/vessels/aircraft within NPS boundaries?

Yes No

Information for vehicles/vessels/aircraft chartered from and operated by another company is NOT required. If "Yes," please give a description of each vehicle. Use additional paper, if necessary.

Make/Model of Vehicle	Year	Max # Passenger Capacity	Own/Rent/Lease

Make of Aircraft	Tail Number	Max # Passenger Capacity	Own/Rent/Lease

Make/Model of Vessel	Registration # or USCG Documentation	Length	Max # Passenger Capacity	Own/Rent/Lease

11. Additionally Required Documentation:

Parks may require proof of licenses, registrations and certificates, etc. Provide copies of additionally required documentation identified in "Attachment B".

12. DOI Employment:

Are you, your spouse, or minor children employed within the U.S. Department of the Interior?

Yes No If "Yes", please provide information below:

Employee Name: _____ Title: _____

Bureau or Office where employed: _____

If you selected yes, to 12., please contact your servicing ethics office for further guidance prior to submitting this form. A list of servicing ethics offices can be found at, <https://www.doi.gov/ethics>.

13. Violations: To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years? Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions.

Yes No If "Yes", please provide the following information. Attach additional pages, if necessary.

Date of violation or incident under investigation: _____

Name of business or person(s) charged:

Please identify the law or regulation violated or under investigation:

Please identify the State, municipality, or Federal agency that initiated the charges:

Additional Detail (optional):

(Results) Action Taken by Court:

14. Fee: Please include the Application Fee as outlined in Attachment B.

15. 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. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate.

Signature

Date

Printed Name

Title

NOTICES

Privacy Act Statement

Authority: The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations.

Purpose: The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 USC 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. OMB has assigned control number 1024-0268 to this collection.

Estimated Burden Statement

We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242, Reston, VA 20192. Please do not send your completed form to this address; but rather to the address at the top of the form.

The following explanations correspond directly with the numbered items on the Application Form. Please read this entire document prior to completing the application. Include the nonrefundable application fee when submitting this application.

COMMERCIAL USE AUTHORIZATION APPLICATION INSTRUCTIONS

1. Check the service you are proposing to provide. These are the services which are currently approved in the park:
 - Classes at Portage Lakefront and Riverwalk Classroom
 - Guided Hiking / Guided Photography / Recreation Education
 - Mobile Food / Beverage
 - Food / Beverage
 - Guided non-motorized vesselsIf the service you are proposing to provide is not currently an approved service listed above, contact the park CUA office at the number listed above.
2. Respond "No" or list other parks where you will be providing this service.
3. Enter the legal name of your business. If you have a secondary name under which you are doing business (d.b.a.), please enter that name also.
4. Give the name(s) of owners and name(s) of persons designated as Authorized Agents for your business. Authorized Agents have the power to sign on your behalf.
5. Provide contact information for both the main season and the off-season. Your contact information may also be published in the NPS Commercial Services Directory.
6. Check the box that identifies your type of business.
7. If the state in which you operate or the state where your business is domiciled requires a state business license, provide the state, license number and year of expiration.
8. Provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires us to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs, only EINs. The EIN is issued by the Internal Revenue Service. You may receive a free EIN at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/How-to-Apply-for-an-EIN>. We will use the EIN that you provide as needed to collect debts.
9. Provide proof of General Liability Insurance naming the United States of America, as additional insured in the amounts designated in the application. Provide proof of vehicle/vessel/aircraft liability insurance if you own, rent, or lease vehicles/vessels/aircraft and transport visitors by those means or if those owned, rented, or leased vehicle/vessel/aircraft are engaged in providing the service (i.e., hauling horses used in the activity). Insurance companies must be rated at least A- by the most recent edition of A.M. Best's Key Insurance Reports (Property-Casualty edition) or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch). You may be subject to additional insurance requirements. Refer to "Attachment A".
10. Provide a description of each owned, rented, or leased vehicle/vessel/aircraft you will utilize during the course of the proposed commercial service. Information for vehicles/vessels/aircraft chartered from and operated by another company is not required.
11. Provide copies of additional documentation as required by "Attachment B".
12. Indicate if you, your spouse, or parent (if you are a minor child) is employed by the U.S. Department of the Interior (Department). Departmental ethics regulations at 5 C.F.R. § 3501.103(c) prohibit Department employees, their spouses, and minor children, from acquiring or retaining permits, leases, and other rights in Federal lands granted by the Department. This prohibition includes any commercial use authorization to conduct commercial activities or services on Department property.
13. Provide details if your business or business owners or current employees or proposed employees have been convicted or are currently under charges for violation of State, Federal, or local law or regulation in the last 5 years. Do not include minor traffic tickets.
14. Include payment of the Application Fee - **\$100.00**. See "Attachment " B.
15. Please sign and date your application. If the person SIGNING this application is an Authorized Agent for the business, proof of signing authority must accompany this application.

Attachment A: Insurance Requirements

Attachment B: List of Approved Services, Additionally Required Documentation, and Fee Information

Attachment C: Classes at Portage Lakefront and Riverwalk Classroom

Attachment D: Food/Beverage

Attachment E: Mobile Food/Beverages

Attachment F: Guided Hiking/Guided Photography/Recreation Education

Attachment G: Guided Non-motorized vessels

Attachment H: Retail Sales

Attachment J: Vending Machines

Exhibit A: Accord 25 Certificate

Exhibit B: Sample Visitor Acknowledgment of Risk

Additional Information: The National Park Service has terms and conditions on all commercial service agreements. The following terms and conditions will apply to all Commercial Use Authorizations. There may be additional terms and conditions based on the services provided. These may include but are not limited to limits on locations, times, group size, and employee licenses and certifications and providing such information to the park superintendent for approval.

CONDITIONS OF THIS AUTHORIZATION

1. **False Information:** The holder is prohibited from knowingly giving false information. To do so will be considered a breach of conditions and be grounds for revocation: [RE: 36 CFR 2.32(a) (3)].
2. **Legal Compliance:** The holder shall exercise this privilege subject to the supervision of the area Superintendent. The holder shall comply with all applicable laws and regulations of the area and terms and conditions of the authorization. The holder must acquire all permits or licenses of State or local government, as applicable, necessary to provide the services described above, and, must operate in compliance with all applicable Federal, State, and local laws and regulations, including, without limitation, all applicable park area policies, procedures and regulations. All vehicles/vessels/aircraft are required to be registered and the operators are required to have the proper licenses to operate them commercially, as required by law or regulation.
3. **Rates:** The holder shall provide commercial services under this authorization to visitors at reasonable rates satisfactory to the area Superintendent.
4. **Operating Conditions:** The holder shall provide the authorized commercial services to visitors under operating conditions satisfactory to the area Superintendent.
5. **Liabilities and Claims:** This authorization is issued upon the express condition that the United States, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, injuries, or death to any person or persons or property of any kind whatsoever, whether to the person or property of the holder, its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this authorization or occasioned by any occupancy or use of said premises or any activity carried on by the holder in connection herewith, and the holder hereby covenants and agrees to indemnify, defend, save and hold harmless the United States, its agents, and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.
6. **Insurance:** Holder agrees to carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents and employees in carrying out activities and operations under this authorization. The policy shall name the United States of America as additional insured. Holder agrees to have on file with the park copies of the above insurance with the proper endorsements.
7. **CUA Fees:** At a minimum, the holder shall reimburse the park for all costs incurred by the park as a result of accepting and processing the application and managing and monitoring the authorized activity. Administrative costs for the application process must be paid when the application is submitted. Monitoring fees and any additional costs incurred by the park to support the commercial activity will be paid annually or on a more frequent basis as determined by mutual agreement between the Holder and the area Superintendent.
8. **Benefit:** No member of, or delegate to, Congress, or Resident Commissioner shall be admitted to any share or part of this authorization or to any benefit that may arise from this authorization. This restriction shall not be construed to extend to this Contract if made with a corporation or company for its general benefit.
9. **Transfer:** This authorization may not be transferred or assigned without the written consent of the area Superintendent.
10. **Termination:** This authorization may be terminated upon breach of any of the conditions herein or at the discretion of the area Superintendent.
11. **Preference or Exclusivity:** The holder is not entitled to any preference to renewal of this authorization except to the extent otherwise expressly provided by law. This authorization is not exclusive and is not a concession contract.
12. **Construction:** The holder shall not construct any structures, fixtures or improvements in the park area. The holder shall not engage in any groundbreaking activities without the express, written approval of the area Superintendent.
13. **Reporting:** The holder is to provide the area Superintendent upon request a statement of its gross receipts from its activities under this authorization and any other specific information related to the holder's operations that the area Superintendent may request, including but not limited to, visitor use statistics, and resource impact assessments. The holder must submit annually the CUA Annual Report (NPS Form 10-660) and upon request the CUA Monthly Report (NPS Form 10-660A).

- 14. Accounting:** The holder is to maintain an accounting system under which its accounts can be readily identified within its system of accounts classification. This accounting system must be capable of providing the information required by this authorization. The holder grants the United States of America access to its books and records at any time for the purpose of determining compliance with the terms and conditions of this authorization.
- 15. Minimum Wage:** The holder must comply with all provisions of Executive Order 14026 of April 27, 2021, (Increasing the Minimum Wage for Federal Contractors) and its implementing regulations, including the applicable contract clause, codified at 29 C.F.R. part 23, all of which are incorporated by reference into this authorization as if fully set forth in this authorization.
- 16. Visitor Acknowledgment of Risks (VAR):** The holder is not permitted to require clients sign a waiver of liability statement or form, insurance disclaimer, and/or indemnification agreement waiving the client's right to hold the CUA holder responsible for accidents or injury occurring on NPS property. The holder is permitted to request or require a client to sign a form or statement acknowledging risk and/or indicating that certain prerequisite skills may be needed to participate in the commercial activity. The holder must provide the park with the current copy of all forms and/or statements used for this purpose and obtain written approval by the park to use the form and/or statement. A sample Acknowledgment of Risk form may be obtained by contacting the CUA office at (219) 395-1844 or by going to the park CUA webpage at:
https://www.nps.gov/indu/getinvolved/commercial_use_authorization.htm
- 17. Intellectual Property of the National Park Service:** Except with the written authorization of the Director of the National Park Service, the Holder shall not assert any legal claim that the Holder or any related entity holds a trademark, tradename, service mark or other ownership interest in the words "National Park Service", the initials "NPS", or official name of any unit or part thereof, including but not limited to any facility, logo, distinctive natural, archaeological, cultural, or historic site, within the National Park System, or any colorable likeness thereof, or the likeness of a National Park Service official uniform, badge, logo, or insignia.
- 18. Nondiscrimination:** The holder must comply with Applicable Laws relating to nondiscrimination in providing visitor services to the public and with all equal employment opportunity provisions of Title VII of the Civil Rights Act, as amended.
- 19. Notification of Employee Rights:** The holder must comply with all provisions of Executive Order 13496 of January 30, 2009, (Notification of Employee Rights Under Federal Labor Laws) and its implementing regulations, including the applicable contract clause, codified at 29 CFR part 471, appendix A to subpart A, all of which are incorporated by reference into this authorization as if fully set forth in this authorization.

SPECIAL PARK CONDITIONS COMMERCIAL USE AUTHORIZATION

- 20.** All CUA holders are required to develop and manage a COVID-19 Management Plan. The scope, level of documentation, and details of this COVID-19 plan should reflect the complexity of the commercial service. 36 CFR (Code of Federal Regulations) 1.5 provides park management the authority to close an operation in exceptional circumstances if the CUA provider is not meeting the applicable COVID-19 requirements and public health is endangered. Each CUA holder is required to have their COVID-19 Management Plan and CUA permit while operating inside the park and available upon request.
 - a)** Masking: NPS's ongoing masking guidance is based on the CDC's [COVID-19 Community Levels tool](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html), which helps communities decide what prevention steps to take. As a result, masking requirements in NPS-controlled areas vary by park based on local conditions. In areas that the CDC identifies as high COVID-19 community level, masks are encouraged for commercial service providers in all NPS-controlled buildings regardless of vaccination status.
(<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>)
 - b)** Commercial service providers, as an independent business decision, are free to continue to enhance physical distancing in their operations if they determine it is beneficial.
 - c)** Please refer to [Public Health Information for the Park Partner Community - Partnerships](https://www.nps.gov/subjects/partnerships/publichealthforpartners.htm) for the most current guidelines.
(<https://www.nps.gov/subjects/partnerships/publichealthforpartners.htm>)
- 21. Public Health:** The holder will comply with applicable public health and sanitation standards and codes. The holder will promptly report information about any human illness, whether employees or guests, to the park Commercial Services Office at (219) 395-1844 for reporting to the NPS Midwest Region's Public Health Consultant. This information, along with other information, will be evaluated by the Public Health Consultant to help identify outbreaks of illness associated with contaminated water or food sources or caused by other adverse environmental conditions.
- 22. Fees:** A fixed rate, nonrefundable application fee is required irrespective of the outcome of the approval process or length of the CUA. Market price is required of 3% of gross receipts at the completion. The Park Service will send a bill for collection for these fees in January. Refer to the park website for more information.
(https://www.nps.gov/indu/getinvolved/commercial_use_authorization.htm)
- 23. Additional Fees:** the park requires a valid entrance pass or receipt. Entrance fees into the park are not waived for CUA participants since recreational benefit is derived. CUA holders, or their employees, may show their permit as authorization to enter

the park. CUA guests may utilize any Federal Lands Recreation passes for entrance. Contact the Indiana Dunes National Park Fee Office at (219) 395-8138 for more information about purchasing entry passes in advance. For more information about entrance fees go to: (<https://www.nps.gov/indu/planyourvisit/fees.htm>)

- 24. Authorization Compliance:** CUA holder will provide the Commercial Services Office with a list of employees on a routine basis. The Commercial Services Office will receive notice of any written warnings or citations issued to holders or their employees and these documents will become part of the holder's park record.
- a) A first violation may result in a warning letter to the holder sent by the Commercial Services Office and/or a possible 30 - day suspension of the CUA. The course of action will be based on the violation and the company's cumulative history.
 - b) A second violation within any two-year period may result in a 30-90 day suspension or revocation of the CUA, depending on the seriousness of the violation and the company's cumulative history. Upon revocation of the privileges granted by a CUA, a new application will not be considered for a minimum period of 12 months. If conditions warrant, the Superintendent has the authority and holds the right to permanently revoke a permit.
- 25. Authorization Approval:** A full copy of the approved CUA must be carried by the holder, or their employees, when operating in the park. The holder, and all company employees, should be well informed of the conditions of this authorization and are required to obey the guidelines within. A copy of the approved CUA, including all conditions, must be presented to any park employee upon request. Failure to carry a complete authorization is a violation of the terms and conditions of this permit.
- 26. Advertisements/Promotional Materials:** The holder may not distribute or post any advertisements in the park. The holder will provide the Permits Office a copy of any existing company brochure, internet advertising, or other promotional material as it pertains to Indiana Dunes National Park at the time of application. The holder will, at the request of the park, make corrections to any promotional material deemed inappropriate, such as; containing inaccurate or misleading statements regarding the services provided under the terms of this authorization, material that is non-complimentary to the park's mission and visitor service objectives, or that depicts illegal or unauthorized activities. Promotional material consisting of landscape and/or portrait subject(s) only may be used, with client approval, without the need to obtain further the park approval.
- 27. Commercial Filming & Still Photography:** All activities listed under the following conditions require a separate Still Photography Special Use Permit (SUP) pursuant to 43 CFR 5.2. Check the following website for the most current guidance on applying for a SUP: <https://www.nps.gov/indu/planyourvisit/permitsandreservations.htm>
- a) The use of model(s)², set(s), or prop(s)³ that are not part of the locations natural or cultural resources or administrative facilities.
 - b) Takes place at a location where or when members of the public are not allowed.
 - c) The agency would incur costs for providing on-site management and oversight to protect agencyresources or minimize visitor use conflicts.
 - d) All commercial filming requires a SUP.
- The use of a model, set, prop, and/or product placement with the intent to advertise a product or service is prohibited under a CUA in condition 26.
- 28. Quality Assurance:** Certain conditions contained herein are intended to assure that the activities authorized by the NPS are connected with reasonable quality assurance. However, no judgment is made of the quality of the service by the NPS and none should be implied in advertising or other statements made to the public by the holder.

Document	Due
Monthly Use Report	15 th of each month
Annual Financial Report (AFR)	January 15 th following the calendar year. Submit electronically or by facsimile.

- 29. Operating/Annual Reports:** The holder must provide the park Commercial Use Authorization Coordinator with:
- a) Monthly Revenue Report-CUA Permittee must provide to the Permit Office a monthly report indicating the date, number of visitors served, and gross revenue for the preceding month of operation. Reports must be received no later than the 15th of the following month.
 - b) Annual Revenue Report – The gross revenue derived from activities provided during the calendar year. This is due each calendar year by January 15th and/or within 30 days of the end of the authorization, whichever comes first.

- c) Visitor/Client Report – The total number of customers served during the calendar year broken down by month and activity type. This is due each calendar year by January 15th and/or within 30 days of the end of the authorization.
- 30. Audits:** The National Park Service may conduct scheduled and random audits to ensure compliance.
- 31. Park Resources:** The holder and all group leaders shall ensure that park natural and cultural resources are not harmed or disturbed in any way as a result of their activities during the course of this authorization. The holder will not allow customers to disturb or remove any natural and/or cultural items from the park, including rocks, flowers, and plants.
- 32. Professionalism:** The holder is responsible for engaging in a standard level of professionalism on park land and behaving in a manner appropriate to represent the United States government and the National Park Service as an authorized commercial vendor. Professional practices include requiring all employees to treat park visitors, volunteers, customers, other commercial service employees, and park employees in a respectful manner and wear identifying clothing or name tags. Language and demeanor shall be proper at all times.
- 33. Complaints:** Copies of any written complaints regarding activities conducted under the purview of this authorization must be provided to the Commercial Services Office within a reasonable period. Likewise, the NPS will provide copies of any written complaints received by it to the holder.
- 34. Drones:** The use of an unmanned aircraft (UAS) or drone of any kind is strictly prohibited.
- 35. Public Use Obstruction:** Permitted groups are sharing visitor facilities with the general public. This permit does not convey any priority use of any park areas including park trails, roadside pullouts, parking areas, picnic areas, etc. Permittees are responsible for the conduct of their clients. Guided activity, food trucks, or workshops must not interfere with the general visiting public.
- 36. Possession of Firearms:**
- a) The holder will have a written policy regarding the possession of firearms by employees and other individuals providing services under the terms of this authorization. New employees and other individuals operating under this authorization will be provided with a copy of this policy. The holder will provide the park with a copy of this policy upon request.
 - b) The holder will be familiar with federal and state laws regarding the possession of firearms and will inform customers of services the holder provides under this authorization. Customers who do not comply with these federal and state laws may be denied service by the holder.
- 37. Wildlife:** Willfully approaching within 50 yards of wildlife, or within any distance that results in their disturbance or displacement, is prohibited. Harassing (e.g., intentional touching, teasing, frightening, or disturbing) or feeding wildlife is prohibited pursuant to 36 CFR 2.2(a)(2). The holder will ensure that its employees and clients are familiar with the park rules and responsibilities of food storage and personal behavior as they relate to all wildlife, particularly raccoons. The holder will report any information about animal interactions to the Dispatch Center at (219) 395-1077 as soon as is practical after the activity.
- 38. Camping:** Front country camping in designated campgrounds is allowed with a valid reservation. Campsites for groups with 8 individuals or fewer are obtained at: www.recreation.gov. The Dunbar Group Campsite is available for groups up to 30 people can be reserved at: www.recreation.gov. There is no back country camping at Indiana Dunes National Park.
- 39. Trash:** The holder is responsible for the removal of all trash associated with their visit to the park. Depositing fruit peels, nutshells, etc. on the ground or in the lake is prohibited as they are considered trash and must be carried out or deposited in an appropriate receptacle. It is a violation to feed any wildlife, including squirrels and raccoons.
- 40. Parking:** All vehicles associated with the permitted activity must park in established parking lots or roadside pull outs. Vehicles shall not be parked on road shoulders, shall not obstruct or impede traffic flow, and shall not be driven off-road or into fields. Parking spaces shall not be reserved or blocked off, nor can parked vehicles interfere with normal public use. Carpooling is encouraged. All vehicles are prohibited from idling. Drivers shall turn off vehicle engines when parked or when not actively loading or unloading passengers. A valid entrance pass or receipt must be displayed in clear view on the dashboard or rear-view mirror.
- 41. Vehicles:** Transportation vehicles longer than 25 feet shall be parked in areas designated for oversized parking. Vehicles under 25 feet are allowed only in locations which the general public are permitted.
- 42. Accident Reporting:** All accidents resulting in personal injury, death, property damage, or injury to park wildlife or resources must be reported to park dispatch at (219) 395-1077 or by dialing 911. Commercial operators must remain on scene until law enforcement officials arrive if it is safe to do so.
- 43. Emergency Response:** All emergency situations such as accidents, fires, and search and rescues will be reported to a Park Ranger or Indiana Dunes National Park Dispatch by phone at 911, or (219) 395-1077 at the earliest possible opportunity.
- 44. Monitoring:** The Superintendent, or their designee, shall have the right to monitor/observe permittees activity for compliance with all aspects of this permit.

ATTACHMENT A CUA Insurance Requirements Commercial General Liability (CGL) Insurance

Liability insurance is required for all CUA holders under the terms of the authorization. Such insurance should be of sufficient scope to cover all potential risks and in an amount to cover claims that can reasonably be expected in the event of serious injury or death. The minimum commercial general liability insurance is **\$500,000.00**. Liability insurance policies must name the United States of America as additional insured. The business or person that is providing the service must be the named insured (policy holder). Companies that provide transportation only are not required to have Commercial General Liability as long as the passengers do not disembark.

Other Required Insurance

Commercial Auto Liability Insurance is required if a CUA holder transports passengers or uses owned/leased/rented vehicles in the performance of the service in the park. If a CUA holder charters the vehicle and those chartered vehicles are owned and operated by another company, the CUA holder is not required to have Commercial Automobile Liability insurance. The minimum Commercial Auto Liability Insurance for *intrastate* passenger transport is **\$1,000,000.00**. The minimum Commercial Auto Liability Insurance for interstate passenger transport is:

Commercial Vehicle Insurance – Passenger Transport (bodily injury and property damage)	Minimum per Occurrence Liability Limits*
Up to 6 passengers	\$1,000,000
7 – 15 passengers	\$1,500,000
16 – 25 passengers	\$3,000,000
26+ passengers	\$5,000,000

CUA holders authorized to transport passengers aboard or use in the park an owned/rented/leased vessel are required to have **P&I Vessel Insurance**. The minimum P&I Vessel Insurance is **\$1,000,000.00**.

CUA holders authorized to transport passengers or use in the park an owned/rented/leased aircraft are required to obtain **Aircraft Liability Insurance**. The minimum Aircraft Liability Insurance is **\$1,000,000.00**.

Insurance Company Minimum Standards

The NPS has established the following minimum insurance **company** requirements. All insurance companies must meet the following minimum standards. These standards apply to foreign insurance companies as well as domestic companies.

1. All insurers for all coverages must be rated no lower than A- by the most recent edition of Best's Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch), unless otherwise authorized by the Service.
2. All insurers for all coverages must have Best's Financial Size Category of at least VII according to the most recent edition of Best's Key Rating Guide (Property-Casualty edition), or similar insurance rating companies (Moody's, Standard and Poor's, or Fitch), unless otherwise authorized by the Service.
3. The insurance ratings must be submitted with the CUA Application. The rating companies do not issue certificates. We require the insurance broker to note this rating in the Certificate. If the rating does not appear on the certificate, the insurance broker must provide it in another document.

Proof of Insurance Submission

Applicants must submit proof of insurance with the CUA Application. The proof of insurance must:

- Be written in English with monetary amounts reflected in USD
- Reflect that insurance coverage is effective at time of CUA Application submission
- Name as insured the business or person that is providing the service
- Name the United States as additional insured
- Reflect a General Commercial Liability Policy with the minimum coverage amount required in the CUA Application
- Reflect required additional insurances (commercial vehicle, vessel, aircraft, etc.) with the minimum coverage amount required in the CUA Application
- Include insurance provider rating or provide in separate document

ATTACHMENT B
List of Approved Service, Additionally Required Documentation, and Fee Information

AUTHORIZED COMMERCIAL SERVICE	REQUIRED DOCUMENTATION	REQUIRED CUA FEES
Portage Lakefront Pavilion Classroom Classes	Commercial General Liability Insurance of \$500,000.00 Commercial Automobile Liability—See Attachment A List of Dates and Description of the Class List of Instructors/Guides Certification as required by state, local, and federal regulation	\$100.00 non-refundable application fee A 3% market fee may also apply Contact the Permit Office at INDU_Permits@nps.gov or (219) 395-1844
Food / Beverage	Commercial General Liability Insurance of \$500,000.00 See Attachment A List of food and beverages with prices Hours of operation and location Certifications as required by local, state, and federal regulations, including food manager and food handler certifications such as ServSafe Certification List of vehicles used by employees for parking passes Current local public health certificate Temporary Food Event Permit (TFE) – Contact Commercial Services Office for more information	\$100.00 non-refundable application fee A 3% market fee may also apply Contact the Permit Office at INDU_Permits@nps.gov or (219) 395-1844
Mobile Food Units	Commercial General Liability Insurance of \$500,000.00 Commercial Automobile Liability—See Attachment A List of food and beverages with prices Hours of operation and locations (coordinated with CUA Coordinator during application approval) Certifications as required by local, state, and federal regulations, including food manager and food handler certifications such as ServSafe Certification List of vehicles used Current local public health certificate Temporary Food Event Permit (TFE) – Contact Commercial Services Office for more information	\$100.00 non-refundable application fee A 3% market fee may also apply Contact the Permit Office at INDU_Permits@nps.gov or (219) 395-1844
Guided non-motorized vessels	Water Safety Certification as required by U.S. Coast Guard CPR/First Aid General Liability Insurance \$1M Commercial Automobile Insurance—See Attachment A Itinerary with dates, times, and locations in the park Vehicles used List of operators and certifications	\$100.00 non-refundable application fee A 3% market fee may also apply Contact the Permit Office at INDU_Permits@nps.gov or (219) 395-1844
Guided Hiking / Guided Photography/Recreation Education	First Aid/CPR General Commercial Liability Insurance \$500,000.00 Commercial Automobile Liability Insurance – See Attachment A Itinerary with dates, times, and locations in the park Vehicles used List of operators with certifications	\$100.00 non-refundable application fee A 3% market fee may also apply Contact the Permit Office at INDU_Permits@nps.gov or (219) 395-1844

Commercial Use Authorization Specific Conditions

Attachment E Mobile Food and Beverage Service (e.g. Truck, Cart)

The Commercial Use Authorization (CUA) Holder and their employees will exercise this privilege subject to all of the following Specific Conditions:

1. **Services Authorized Under This Permit:** Mobile Food and Beverage Services consists of providing a grab-and-go or quick service with limited menu items. Mobile food and beverage vendors will provide a variety of hot and cold dishes, snacks, and beverages, including alcohol, from self-contained, mobile food service platforms (truck, vans, trailers, etc.). Any alcohol sales must be coordinated in advance with the CUA Coordinator and the CUA holder must have a valid Indiana State Liquor License.
 - a. Food Service truck CUA holders must provide their own power. Generators must not exceed 60 decibels, create unreasonable noise, or disturb normal park visitors at 50 feet from the truck.
 - b. Grey water must be disposed of at a location outside the Park.
 - c. Garbage must be disposed of at a location outside the Park.
 - d. No polystyrene foam may be used in the distribution of food or beverages. Permittees are encouraged to use recyclable food service products.
 - e. Permittee may operate daily from sunrise to 30 min after sunset.
 - f. Occasional nighttime operations may be authorized in conjunction with a special event. The Commercial Services Specialist will contact the Food Service Truck at least two weeks prior to the special event to determine if it is interested in providing service at any event.
 - g. All signs, equipment, and materials permitted will be restricted to 15 feet the local site of operation only (parking space and site area, etc.) and shall be removed immediately upon conclusion of services daily. No property or equipment will be stored on Park Service property overnight. All sign content and placement shall receive approval from CUA Coordinator prior to placement within the park.
 - h. Indiana Dunes National Park retains the right to close any park areas during emergencies, government shutdowns
2. **Use of Area:** The Permittee and their employees registered under this Permit will only provide food and beverage sales from the Permittee's mobile food unit parked at the location within the boundaries of Indiana Dunes National Park. **Designated area(s)** _____
3. **Provider and Staff Requirements:**
 - a. All food must be prepared in accordance with Federal, State, and Local rules, laws and regulations.
 - i. For more information follow the link below for the FDA Food code:
<https://www.fda.gov/food/retail-food-protection/fda-food-code>
 - b. All staff preparing food must have, at least, a food handler's certification, such as ServSafe. There must be one certified Food Manager on site at all times. The CUA Holder must provide a list of staff and certification level to the Permit Coordinator prior to the season, and updated as necessary.
 - c. All staff must wear clean outer garments (i.e. aprons) and restrain hair. All staff must vigorously wash their hands and forearms with soap and warm water prior to the start of food preparation activities, after using the toilet, after smoking, eating and whenever necessary to prevent contamination of food.
4. **Prohibited Activities:** The Permittee and their employees registered under this Permit are specifically prohibited from providing, conducting, engaging in, or effecting by any method of delivery, including by land, by water or by air, the following:
 - a. Construction of any structure, fixture, or improvement upon the area.
 - b. Smoking areas anywhere inside or within 30 feet of any INDU buildings.

- c. No polystyrene foam may be used in the distribution of food or beverages. CUA Holders are encouraged to use recyclable food service products.
- d. Any act that may result in the contamination or adulteration of food, food contact surfaces, or utensils.
- e. Beverages in glass bottles are not permitted.
- f. Employees shall not eat inside the assigned areas.
- g. Providing alcohol products of any kind to any visitor/patrons, except with an Indiana State Alcohol License and pre-approval from the park.
 - i. Notify Park Dispatch in the event of alcohol related incidents or concerns, 219-395-1077.
- h. Employees or assistants that are serving or handling non-prepackaged food items must wear gloves. Hands must be washed and fresh gloves must be worn after handling money.
- i. Visitors, including children, are prohibited inside the assigned area.
- j. Use of fungicides, herbicides, pesticides, or toxic materials, unless the Superintendent specifically approves them.
- k. Live animals of any kind while providing commercial services.
- l. Use of fireworks, sparklers, glitter, confetti, and bird seed under any circumstances.
- m. Traversing by vehicle anywhere other than on designated open roads.
- n. No food prepared or stored in a private home may be used, stored, served, and offered for sale, sold, or given away to the public.
- o. Entering by vehicle or on foot, in any closed areas.
- p. Attaching anything to an NPS facility, structure, rock, vegetation, or covering or removing signs, fences, posts, etc. Permittee shall not dig, scrape, or remove natural features.

Exhibit A Acord 25 Certificate

This section names the CUA holder. →

This section sets out the policy period. →

This section sets out the General Liability coverage and limits. →

This section sets out the Automobile Liability coverage and limits. Checked boxes indicate if coverage is provided for Symbol 1, Symbol 8 or Symbol 9. →

This section lists any Umbrella Liability coverage and limits. →

This section lists Worker's Compensation Liability coverage and. →

This section identifies the United States as additional insured. →

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	AGENT
NAME	NAME
PHONE NO.	PHONE NO.
EMAIL	EMAIL
ADDRESS	ADDRESS
PRODUCER LICENSE NO.	PRODUCER LICENSE NO.
CUSTOMER ID #	CUSTOMER ID #
POLYMER(S) APPROVING COVERAGE	
NAME(S)	

INSURED	INSURER A
	NAME
	PHONE NO.
	EMAIL
	ADDRESS
	PRODUCER LICENSE NO.
	CUSTOMER ID #
	INSURER B
	NAME
	PHONE NO.
	EMAIL
	ADDRESS
	PRODUCER LICENSE NO.
	CUSTOMER ID #
	INSURER C
	NAME
	PHONE NO.
	EMAIL
	ADDRESS
	PRODUCER LICENSE NO.
	CUSTOMER ID #
	INSURER D
	NAME
	PHONE NO.
	EMAIL
	ADDRESS
	PRODUCER LICENSE NO.
	CUSTOMER ID #
	INSURER E
	NAME
	PHONE NO.
	EMAIL
	ADDRESS
	PRODUCER LICENSE NO.
	CUSTOMER ID #
	INSURER F
	NAME
	PHONE NO.
	EMAIL
	ADDRESS
	PRODUCER LICENSE NO.
	CUSTOMER ID #

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENTS, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS
<input type="checkbox"/> GENERAL LIABILITY	COMMERICAL GENERAL LIABILITY				EACH OCCURRENCE
	PRODUCT LIABILITY				INDIVIDUALS/EMPLOYEES
	ADVERTISING AND PROMOTION				GENERAL AGGREGATE
	PERSONAL AND AUTOMOBILE				PERSONAL AUTO/BIKE
	GENERAL AGGREGATE				
<input type="checkbox"/> AUTOMOBILE LIABILITY	OWNERS				COMBINED SINGLE LIMIT
	OPERATORS				PERSONAL AUTO/BIKE
	HIRING & AUTOMOBILE				PERSONAL AUTO/BIKE
	PERSONAL AUTO/BIKE				PERSONAL AUTO/BIKE
	PROPERTY DAMAGE (Per-Occurrence)				
<input type="checkbox"/> UMBRELLA LMB	EXCESS LMB				EACH OCCURRENCE
	EXCESS LMB				AGGREGATE
	EXCESS LMB				
<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS LIABILITY	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY				PER EMPLOYEE
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY				PER EMPLOYEE
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY				PER EMPLOYEE
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY				PER EMPLOYEE
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY				PER EMPLOYEE

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (ENTER ACORD 101 Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Exhibit B
Visitor Acknowledgment of Risk

In consideration of the services of _____ their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereafter collectively referred to as “ _____”) I agree as follows:

Although _____ has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, _____ has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. _____ does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

[\[enter description of risks\]](#)

I am aware that _____ entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of _____ has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

Signature

Date

Signature of Parent of Guardian, if participant is under 18 years of age

Signature

Date