

**APPLICATION
for
COMMERCIAL USE PERMIT**

U.S. DEPARTMENT OF THE INTERIOR



Little River Canyon National Preserve / Russell Cave National Monument
4322 Little River Trail NE, Ste. 100
Fort Payne, AL 35967
PH: (256) 845-9605 FAX: (256) 997-9129
Website: www.nps.gov/liri

1) APPLICANT _____

Give your business name, including your d.b.a. (*doing business as*) if applicable

Please check one below:

- A. SOLE PROPRIETOR
- B. CORPORATION (*Give the name of the State in which you are Incorporated*)
 (_____)
- C. 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 _____)
- D. NON-PROFIT (Specify) _____
- E. OTHER (Specify) _____

2) MAILING ADDRESSES:

Street Address or P.O. Box: _____

City, State, Zip _____

Email: _____

Web Site: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

3) EMPLOYER'S IDENTIFICATION NUMBER _____
 -OR-
SOCIAL SECURITY NUMBER _____

4) GIVE NAMES OF ALL AUTHORIZED AGENTS FOR THIS BUSINESS.

5) DO YOU HAVE A CURRENT ALABAMA BUSINESS LICENSE? _____

6) LIST NAMES OF EMPLOYEES WHO WILL BE EMPLOYED BY YOU AND WORKING UNDER THE AUTHORITY OF YOUR PERMIT.

NAMES	POSITION <i>(e.g. Guide, Boat Operator, Driver, etc)</i>
_____	_____
_____	_____
_____	_____
_____	_____

7) WILL YOUR BUSINESS OPERATE WATERCRAFT WITHIN NPS BOUNDARIES _____?

If "yes", please give a description of each watercraft.

WATERCRAFT DESCRIPTION <i>(e.g Kayaks, Rafts, Skiff etc.)</i>	MAX # PASSENGERS	REGISTRATION NUMBER OR US COAST GUARD NUMBER <i>(This column applies to motorized boats)</i>	REGISTRATION EXPIRES ON?	COLOR(S)	LENGTH	IS IT MOTORIZED?
		AL- -or- USCG#				
		AL- -or- USCG#				

8) Will your business operate vehicles (car, truck, van, bus, taxicab, etc) within NPS boundaries _____?

If "yes", please give a description of each vehicle. Use additional paper if necessary.

MAKE OF VEHICLE	LICENSE NUMBER	YEAR	MAX # PASSENGERS	OWN	LEASE

9) Within the last 5 years has the company, or any employees or participants in the business been convicted of, or forfeited collateral for any violations of federal, state or local law or regulation? _____

If "yes", please give a description. Use additional paper if necessary.

10) Signature, please sign and date.

False, fictitious or fraudulent statements or representations made in the application may be grounds for revocation of the permit and may be punishable by fine or imprisonment (U.S. Code Title 18, Section 1001). All the information you provide will be considered in reviewing this application.

Signature of applicant or agent

Date

SELECTING YOUR COMMERCIAL VISITOR SERVICE

If you need additional space, continue on a separate sheet using this same format.

Visitor service(s) for this park

(Write in the visitor services you propose to provide, e.g., guided fishing, rafting.)

What is the estimated number of guides per trip _____ Clients per trip _____

What date would you like to start working in the preserve? _____

Tell us which areas of the preserve you intend to use.

(Responses such as "ENTIRE PARK" or "ALL" are not acceptable—please be more specific)

Briefly, give us details of how your trips will be conducted:

12) Within the past 5 years, has the company (entity), or any employees or participants of the business been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? _____

Date of Violation: _____

Type of Violation _____

13) **Signature:** False, fictitious or fraudulent statements or representations made in this application may be grounds for revocation of the Incidental Business Permit and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information you provide will be considered in reviewing this application. Please sign on the applicable line below.

SIGNATURE OF APPLICANT OR AGENT*

PRINTED NAME

DATE

TITLE (as it relates to your business)

MAKE CHECKS PAYABLE TO: DOI, National Park Service

CHECKLIST FOR SUBMITTING YOUR APPLICATION

Payment must accompany your completed application.

If you do not currently have all the required documents, you may still submit your application for processing, however a permit cannot be issued until all required documents have been received and approved.

BUSINESS NAME: _____

_____ Completed Application Form & Payment are enclosed.

_____ Copy of Business License

_____ Insurance Certificate that shows the

- Best Identification Number of the insurance company. All insurers must be licensed in the state of Alabama.
- The name and address of your business (Must not be issued in the individual's name unless that is the name under which you will be doing business.)
- The US Government is a named **additional insured**
- The Certificate Holder's address reads:

**US Government /National Park Service
Little River Canyon National Preserve
4322 Little River Trail NE, Ste. 100
Fort Payne, AL 35967**

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Important Notes:

- 1. Visitor Safety & Leave No Trace Orientation** All clients must receive a safety orientation and a Leave No Trace orientation before taking trips.
- 2. Park Briefing** All clients must receive a basic orientation to the park's purpose and guidelines.
- 3. Alabama Fishing Regulations** All fishing activities in the preserve must follow state regulations.
- 4. Alabama Hunting Regulations** All hunting activities in the preserve must follow state regulations.