



# The National Park Service

## 2011 COMMERCIAL USE AUTHORIZATION

### APPLICATION FORM

#### Kaloko-Honokohau NHP and Pu`uhonua o Honaunau NHP

## U.S. DEPARTMENT OF THE INTERIOR

### National Park Service

73-4786 Kanalani Street  
Kailua-Kona, Hawaii 96740  
PH: (808) 329-6881 x 1331 FAX: (808) 329-2597  
Website: www.nps.gov/kaho

**This application is used for Commercial Use Authorizations (Out-of-Park services). The CUA is for commercial services that originate and terminate outside of the boundaries of the park area. Activities such as advertising, soliciting business, collecting fees or selling any goods or services within the park boundaries are NOT allowed.**

Type of Permit Requested: \_\_\_\_\_ One-Year, One Park, \_\_\_\_\_ Park Name  
\_\_\_\_\_ One-Year, Two Parks

Type of Activity: \_\_\_\_\_

Please describe in detail what type of tours you will be conducting in the Park. ( Bus tours, guided hikes, bicycle tours, bird watching, photography etc.). Where and how long will you be hiking or conducting tours?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 1) APPLICANT

\_\_\_\_\_ Show your business name, including your "d.b.a." (*doing business as*) if applicable

***As an applicant, select from A through E that describes your business:***

A.  INDIVIDUAL. If the business is a sole proprietorship, print the owner's legal name.  
( \_\_\_\_\_ )

B.,  CORPORATION  
If the business is a corporation or LLC, print the holding corporation's legal name.  
( \_\_\_\_\_ )

C.  PARTNERSHIP/ASSOCIATION. If the business is a partnership, LLP or LP, print the names and social security numbers of each partner. If there are more than two partners, please attach a complete list of partners names.  
( Name \_\_\_\_\_ SSN# \_\_\_\_\_ )  
( Name \_\_\_\_\_ SSN# \_\_\_\_\_ )

D.  OTHER \_\_\_\_\_



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**2) LIST ALL AUTHORIZED REPRESENTATIVES**

\_\_\_\_\_

**3) \*TAX PAYER ID #**

\_\_\_\_\_

**-OR-**

**SOCIAL SECURITY NUMBER**

\_\_\_\_\_

*\*Providing Social Security Numbers is a requirement of 1996 Debt Collection Act—This number will NOT be made public.*

**4) Business Address**

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Internet:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**5) Owner Address**

**Address:** \_\_\_\_\_

**If same as Business AddressInfo, write "same"**

**City, State, Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Internet:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**6)** False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization 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)

*\*(If you are an authorized Agent who has been given authorization to sign this application for the owner or company, you MUST attach proof to that authorization. )*



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## CHECKLIST FOR CUA APPLICATION

*Payment must accompany your completed application.*

**BUSINESS NAME:** \_\_\_\_\_

- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Payment (\$200.00 one park/one year, \$300.00 two parks/one year)
- \_\_\_\_\_ Insurance Certificate (**Comprehensive General Liability**) is enclosed.
- \_\_\_\_\_ Insurance Certificate (**Automobile Liability**) is enclosed.  
(Certificate must show the Vehicle Identification Number)
- \_\_\_\_\_ Annotation on the Insurance Certificate that shows:
  - \_\_\_ The insurance policy names the U.S. Government, National Park Service as an additional insured. (**AND**) The insurance policy contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States.
  - \_\_\_ Certificate Holder's Address is:  
**US Government**  
**National Park Service**  
**73-4786 Kanalani Street #14**  
**Kailua-Kona, HI 96740**
- \_\_\_\_\_ Proof of Authorization to Sign Application (applicable if other than owner is signing application)

NPS Office Phone: 808 329-6881 x1331, Fax: 808/329-2597, Website: <http://www.nps.gov/kaho>

***Mail application packet to:***

National Park Service, Commercial Services, 73-4786 Kanalani Street #14, Kailua-Kona, HI 96740



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## MINIMUM INSURANCE AMOUNTS REQUIRED

(Applicants, please share this info with your Insurance Agent)

**1. SERVICE: Guided Hiking, Photography, Bicycle Tours, Wedding Ceremonies and Photography**

- **INSURANCE:** *Comprehensive General Liability (Guides) @ \$300,000 per occurrence*

**1. SERVICE: Vehicle Tours**

- **INSURANCE:** *Motor vehicles - Auto Liability Insurance*

<u>PARTY SIZE</u>	<u>MINIMUM COVERAGE REQUIRED</u>
UP TO 5:	\$300,000/Occurrence
6 TO 12:	\$500,000/Occurrence
13 TO 20:	\$750,000/Occurrence
21 to 50	\$1,500,000/Occurrence
51 passengers or more:	Contact National Park Service for information

**The certificate holder's address on all certificates of insurance should read:**

U.S. GOVERNMENT, Dept of Interior, National Park Service-Commercial Services, 73-4786 Kanalani St. #14, Kailua-Kona, HI 96740

**All liability policies must specify that the insurance company will (1) have no right or subrogation against the United States of America AND must (2) provide that the United States of America is named an additional insured.**