



# APPLICATION FORM COMMERCIAL USE AUTHORIZATION

**DEPARTMENT OF THE INTERIOR  
National Park Service  
St. Croix National Scenic Riverway  
Attention: CUA Program  
401 N. Hamilton Street  
Saint Croix Falls, WI 54024  
Kevin Iverson, 715-483-2241**

**IMPORTANT:** Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above. Please submit your application fee of \$150.00 with this application.

Some parks have minimum 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 documentation of first aid training, an emergency response plan, limits to group size, etc.

(1) **Service for which you are applying**  
(See list of approved services in the attached instructions)

\_\_\_\_\_

(2) **Will you be providing this service in more than one park? Yes \_\_\_ No \_\_\_ If yes, list all.**

\_\_\_\_\_

(3) **Applicant** (Legal Business Name and DBA)

\_\_\_\_\_

(4) **Authorized Agents** (Owner and any onsite person authorized to manage the operation)

\_\_\_\_\_

(5) **Mailing Address:**

**PRIMARY CONTACT INFO** (Dates at this address \_\_\_\_\_)

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

City, State, Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_

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

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

**ALTERNATE CONTACT INFO** (Dates at this address \_\_\_\_\_)

If same as "Primary Contact Info", check here  and go to number (6).

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

City, State, Zip: \_\_\_\_\_

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 \_\_\_\_\_)

Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

Limited Liability Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

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

Other (Specify)

(7) **State Business License Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(8) **Employer Identification Number (EIN)** \_\_\_\_\_

(9) **Insurance and Vehicles**

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an **additional insured**. Minimum coverage amount is \$500,000 per occurrence. Some activities will require increased coverage, see Park-Specific instructions. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$500,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

Will your business operate vehicles (car, truck, van, bus, taxicab, boats, aircraft etc.) within NPS boundaries\_\_\_\_?  Yes  No

If "yes," please give a description of each vehicle. Use additional paper if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

MAKE OF AIRCRAFT	MODEL	TAIL NUMBER	MAX # PASSENGERS	OWN	LEASE

MAKE OF WATERCRAFT	MODEL	LENGTH	MAX # PASSENGERS	OWN	LEASE

**(10) NPS Employment**

Are you, your spouse, or minor children employed with the National Park Service?

Yes  No  If Yes, please complete below:

Employee: \_\_\_\_\_

Title \_\_\_\_\_

Park and Office where employed: \_\_\_\_\_

**(11) 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 \_\_\_\_\_

(12) **FEE:** Please include the Application/Administrative fee as outlined in the Park-Specific instructions.

(13) **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 to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**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 U.S.C. 101925). 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 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. 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. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.